## **DEBIT AUTHORIZATION FORM**

I (We) hereby authorized the City of Nora Springs, hereinafter called City, to initiate debit entries to my (our) account indicated below and the financial institutions named below, hereinafter called First Security Bank to debit the same such account.

This authorization is for the purpose of paying my (our) water utility bill and I (We) understand that the amounts may vary and authorize payments in the amount of the current balance due on the twentieth (20<sup>th</sup>) of each month.

Financial Institution Name		Branch	
Address		City/State	Zip Code
ROUTING NUMBER	ACCOU	Type of A	cct:CheckingSavings
This authority is to remain notification from me (or eitafford the City and First Se	ther of us) of	fits termination in such tin	me and manner as to
Printed Name		Signature	
Utility (water)Account Number		Date	
*******	*****	********	********
-	on this form	from your checking account. A deposit slip is not suful of the required routing	ficient information
*******	******	******	*****