

**Guthrie Center
Municipal Utilities
Automatic Debit Authorization**



P.O. Box 8; Guthrie Center, IA 50115
P.O. Box 757; Panora, IA 50216

AUTHORIZATION AGREEMENT FOR ACH DEBIT PAYMENTS

I (We) _____ hereby authorize GUTHRIE COUNTY STATE BANK (GCSB) to initiate debit entries on the 18th of each month to my (our) account at the financial institution (FI) named below, thereby crediting GUTHRIE CENTER MUNICIPAL UTILITIES (GCMU) for payment of monthly billing.

Customer City Account Number _____

FI name : _____ City: _____
(Bank or Financial institution)

Routing Number: _____ Account Number: _____

Account Type: Checking Savings Date: _____

This authorization is to remain in full force and effect until GCMU has received written notification from me (or either of us) of its termination in such time and in such manner as to afford GCMU and GCSB a reasonable opportunity to act on it. I (we) furthermore authorize GCSB to submit reversals in the event a correcting entry is required. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

NAME (print): _____ Date: _____

SIGNATURE: _____

ATTACH VOIDED CHECK