

GC MUNICIPAL UTILITIES

Automatic Payment

Authorization

**For payment from
an account at GCSB**



P.O. Box 8; Guthrie Center, IA 50115
(641) 332-2218
(866) 747-2218 Fax: (641) 332-2693

P.O. Box 757; Panorama, IA 50216
(641) 755-2400
(877) 755-2400 Fax: (641) 755-2344

www.gcsbank.com gcsb@gcsbank.com

I hereby give permission to the GUTHRIE COUNTY STATE BANK to debit Account # _____ to pay Guthrie Center Municipal Utilities (512028) (hereafter referred to as Company). I would like the withdrawal to take place on the _____ day of each month. I understand that if that date falls on a weekend or holiday, my payment will be withdrawn on the first available business day following my selected date. My monthly statement will serve as my receipt for this deduction.

My monthly budget amount is _____.

My account number with the Company is _____.

DATE _____

CUSTOMER SIGNATURE _____

PHONE (H) _____ (W) _____

For Office Use Only

Port # _____ Branch # _____

INPUT _____ CHECKED _____