

**ACH AUTHORIZATION FOR
CITY OF GUTHRIE CENTER
BUDGET BILLING DEBITS**

DEBIT FROM
ANOTHER
FINANCIAL
INSTITUTION



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

I (We) _____ hereby authorize GUTHRIE COUNTY STATE BANK, herein after called GCSB, to initiate debit entries to my (our) ___ Checking ___ Savings account at the financial institution named below, herein after called FI, thereby crediting account # 512028 (City GC) at GCSB.

City Account Number _____ City Account Number _____

Starting Date: _____ Amount: _____ Specified day each month: _____

FI name : _____ Branch: _____

Address: _____ City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____

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

NAME (print): _____

SIGNATURE: _____ Date: _____

PHONE (Home) _____ (Work) _____

Attach VOIDED check below: