Guthrie Center Municipal Utilities Automatic Debit Authorization

GUTHRIE COUNTY STATE BANK
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 Center Municipal Utilities through Guthrie County State Bank to initiate debit entries on the Settlement Date shown below, to my (our) account at the financial institution named below:

FI name: _____City/State _____.
(Bank or Financial institution)

Routing Number:_____ Account Number:_____.

Account Type: ☐ Checking ☐ Savings

Address_____ Phone #_____.

City, State, Zip:_____ Email:_____.

City Customer Account Number_____

☐ 20th of each month beginning on_____.

This authorization is to remain in full force and effect until Guthrie County State Bank (641-332-2218) or Guthrie Center Municipal Utilities (641-332-2190) has received written or oral notification from me (or either of us) of its termination within two days of the next effective entry date. I (we) furthermore authorize the bank to submit reversals in the event a correcting entry is required. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that Guthrie Center Municipal Utilities may, at its discretion, attempt to process the charge again up to two (2) times within 30 days. I agree to a charge of $25 for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment.

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_____