



29 5th Street South • Humboldt, IA 50548
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CITY OF HUMBOLDT AUTHORIZATION AGREEMENT FOR UTILITY BILL DEDUCTIONS

Company/Individual Name _____

Utility Account Number _____

I hereby authorize the City of Humboldt to initiate debit entries and, if necessary, credit entries and adjustment entries for any debit entries in error to my (our) [] **checking** [] **savings** account (check one) indicated below and the depository named below to debit and/or credit the same to such account.

DEPOSITORY (BANK) NAME _____

BRANCH _____ CITY/STATE _____

TRANSIT/ABA NO. _____ ACCOUNT NO. _____

NAME (Please Print) _____ DATE _____

PHONE NUMBER _____

SIGNED _____

(PLEASE ATTACH A VOID CHECK TO FORM AND RETURN TO CITY HALL)