



**CITY OF LE MARS  
AUTO-PAY AUTHORIZATION AGREEMENT**

NAME(S) (please print) \_\_\_\_\_

UTILITY ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

YOUR TELEPHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_

UTILITY ACCOUNT NUMBER \_\_\_\_\_ (see Water Bill for account number)

BANK NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

BANK CITY, STATE, ZIP \_\_\_\_\_

BANK BRANCH TELEPHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_

FINANCIAL INSTITUTION ROUTING NUMBER \_\_\_\_\_ **Please check one**

BANK ACCOUNT NUMBER \_\_\_\_\_ CHECKING  SAVINGS

I hereby authorize City of Le Mars to initiate debit/credit entries and adjustments to my bank account as shown above for water, sewer, and garbage fees until revoked by me in writing to:

City of Le Mars  
40 Central Ave SE  
Le Mars, IA 51031

I understand that I must contact City of Le Mars concerning bill discrepancies prior to the scheduled draft date (25th of each month). City of Le Mars will have thirty (30) days to change my billing.

I understand City of Le Mars reserves the right to terminate my participation in the AUTO-PAY plan. I understand that City of Le Mars may impose a nominal processing fee if a bill is not paid by my financial institution.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE ATTACH A VOIDED CHECK.**