TOWN OF IOWA

P O BOX 1707, IOWA, LA 70647 337-582-3535

ACH PAYMENT WITHDRAWAL AUTHORIZATION

I hereby authorize the Town of Iowa hereinafter called company, to initiate debit Entries to my (our) ( )Checking ( ) Savings account (please select one) indicated Below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account.

BANK INFORMATION

BANK name: _____

City:_____State:_____

Routing Number: _____

Account Number: _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (us) of its termination in such time and in such manner as to afford COMPANY AND DEPOSITORY a reasonable opportunity to act on it.

CUSTOMER INFORMATION

Name on checking or saving account: _____

Utility account number to be credited with ach payment: _____

Account service address: _____

Monthly Water bill: $_____

Month you would like for ACH withdrawal to start: _____

ACH draft requests are processed between the 11th and 15th of the month.

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDETHE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING ORGINATOR IN THE MANNER SPECIFIED IN THE AUTORIZATION

Authorized signature: _____ Date: _____