

City Of Atkins

480 3rd Ave P. O. Box 171
Atkins, IA 52206

City Hall: 319-446-7870
FAX: 319-446-6003

Automatic Clearing House (ACH)

With our ACH option, your financial institution makes your payments directly to the City of Atkins on a monthly basis. Please complete the pertinent information below and begin to take advantage of this free service. You will continue to receive your monthly invoice showing the amount deducted from your account.

- Deductions will take place approximately on the 5th day of the month.

I (We) hereby authorize the City of Atkins to initiate monthly debit entries to my (our) checking account, indicated below, for the amount due on my (our) Water account number(s)_____.

Bank Name: _____

City: _____ **State:** _____ **Zip:** _____

Name(s) on Bank Account: _____

Bank Routing Number: _____

Your Account Number: _____ **(Checking)**

Please include a voided check with application

Signature of Applicant: _____ **Date** _____

Signature if Joint Acc't: _____ **Date** _____

(Need both signatures if a joint account)