



265 S. Second Street
Robins, Iowa 52328
319-393-0588

CITY OF ROBINS

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED TRANSACTIONS

I, _____ hereby authorize THE CITY OF ROBINS hereafter called "COMPANY", to initiate debit entries (withdrawals) from my checking/savings account indicated below from bank named below, hereafter called "BANK", to debit the same to such account.

BANK NAME _____

BRANCH _____

CITY _____ STATE _____ ZIP _____

ROUTING NUMBER: _____

CHECKING ACCOUNT # _____

SAVINGS ACCOUNT # _____

WITHDRAWL DATE: (SELECT ONE)

15TH OF THE MONTH _____

30TH OF THE MONTH _____

This authority is to remain in full force and effect until COMPANY and BANK have received written confirmation from me of its termination in such time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it.

NAME: _____

ADDRESS: _____

CONTACT PHONE NUMBER: _____

DATE: _____

SIGNATURE: _____

Drop form off at Robins City Hall
8am - 4pm Mon-Fri