



City of Ely
1570 Rowley Street
P O Box 248
Ely, Iowa 52227
319-848-4103 phone

We are pleased to offer the Direct Payment Plan of your Utility Billing Payment.

It saves time – fewer checks to write and mail.

It saves postage – no stamps necessary.

Helps pay your utility billing in a convenient and timely manner.

It's easy to sign up for, easy to cancel and you don't have to worry about late charges on your utility account.

You authorize regularly scheduled payments to be made from your checking or savings account. Your payments will be made automatically on the 10th of every month for the utility billing for that month. Example: July 1st bill will be debited to your account on July 10th. If the 10th falls on a weekend or holiday, payment will be made on the first business day following the 10th.

Proof of payment will appear on your checking or savings account statement.

The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. The Direct Payment Plan is dependable, convenient and easy. Please complete the authorization form and return it to us.

1. Be sure to indicate checking or savings account.
2. Fill in your financial institution name and location.
3. Fill in your routing number and account number.
4. Attach a VOIDED check for verification.
5. Be sure to sign the form.

If you have any questions, please call Ely City Hall 848-4103.



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AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT of UTILITY BILLING

I/We hereby authorize the City of Ely to initiate electronic debit entries to my/our checking **OR** savings account indicated below for payment of my/our utility bill and the financial institution named below to debit the same to such account.

Bank/Financial Institution Name

Branch

City, State, Zip

*Routing Number

*Account Number

** Account Type

** *Account type must be identified.*

* *These numbers are located on the bottom of your check as follows:*

Ⓜ 123456789 Ⓜ 1234567890123 Ⓜ
Routing Number Account Number

This authority will remain in force until the City of Ely has received written notification from me/us of its termination in such time and in such manner as to afford the City of Ely and the financial institution a reasonable opportunity to act on it. **NUMBER YOU CAN BE REACHED AT:** _____

Signature

Date

Signature (if joint account)

Date

For Account Number Verification

*****A VOIDED CHECK MUST BE PROVIDED TO THE BILLING DEPARTMENT*****

PLEASE INCLUDE WITH YOUR AGREEMENT INFORMATION.