

**OSKALOOSA WATER DEPARTMENT**

**AUTOMATED CHECKING FORM**

I (we) hereby authorize the **Oskaloosa Water Dept.** to initiate debit entries to my (our) checking or savings account indicated below and the depository named below, to debit the same to such account.

Your account will be debited on the **15<sup>th</sup>** of the month, or the first banking day after the 15<sup>th</sup>, if the 15<sup>th</sup> falls on a weekend day or holiday.

Your Name \_\_\_\_\_ Date \_\_\_\_\_

Water Account Number \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Signed \_\_\_\_\_

Email Billing \_\_\_\_\_

.....  
Name of Bank \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Debit:    Checking        Savings

This authority is to remain in full force until we have received a written notification of its termination at least 15 days before the next withdrawal. If the account experiences non-sufficient funds, a \$30.00 NSF charge may be imposed.

.....  
Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

or attach voided check here