IGL SANITARY DISTRICT

DEBIT AUTHORIZATION

CUSTOMER INFORMATION

CUSTOMER NAME: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

SERVICE ADDRESS: _____

E-MAIL : _____

ACCOUNT INFORMATION

FINANCIAL INSTITUTION NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

ACCOUNT TYPE: **CHECKING** **ROUTING # :** _____
OR **ACCOUNT # :** _____

SAVINGS

PLEASE INCLUDE A VOIDED CHECK OR A COPY OF A VOIDED CHECK.

I authorize Iowa Great Lakes Sanitary District to initiate debit entries from my checking/savings account. This authority is to remain in full force and effect until Iowa Great Lakes Sanitary District has received written notification from me of its termination in such time and in such manner as to afford Iowa Great Lakes Sanitary District and the Financial Institution a reasonable opportunity to act on it.

AUTHORIZED SIGNATURE: _____ **DATE:** _____