



AUTOMATIC PAYMENT AUTHORIZATION

Name: _____

Address: _____

Bank Name: _____

Bank Routing #: _____

Bank Account #: _____

Type of Account: Checking Savings (circle one)

Deduction Date: 10th 20th (circle one)

I would like to have automatic payments made to the company below:

City of Alton
905 Third Ave
Alton, IA 51003

Please debit my bank account, referenced above, according to monthly amount due.

Authorized Signature

Date

***Attach a copy of a voided check or deposit slip.