

City of Toledo
1007 S Prospect Drive
Toledo IA 52342

City of Toledo Debit Authorization Form

I hereby authorize the City of Toledo and the financial institution named below to automatically debit my accounts. This authority will remain in effect until I give a written notice to cancel it.

NAME: _____

ADDRESS: _____

UTILITY ACCOUNT #: _____

ACCOUNT TO DEBIT

Checking Account

Bank Name: _____ Names on the Account: _____

Attach a voided check or enter the following information below:

Routing Number: _____

Account Number: _____

Attach a voided check.

OR

Saving Account

Bank Name: _____

Names on the Account: _____

Routing Number: _____

Account Number: _____

Effective Date _____

Signature: _____

Printed Name: _____