



272 N. Third Street  
Laurens, IA 50554  
Ph: (712) 841-4610

"People you know, service you trust!"

LAURENS MUNICIPAL POWER & COMMUNICATIONS

## AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBIT

Customer Name: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Account Name: \_\_\_\_\_

Bank Routing #: \_\_\_\_\_ Bank Account# \_\_\_\_\_

Per my signature below, I authorize Laurens Municipal Power & Communications to initiate monthly ACH debits to my account for the account(s) listed below, in the amount(s) indicated on my monthly billing statement(s). This authorization shall be in effect from the date of my signature and shall remain in effect until revoked in writing by me. Failure to have sufficient funds in the authorized account shall result in charges of \$25.00 plus bank fees for each presentation of payment not honored by my bank.

Communications Account# \_\_\_\_\_

Effective Date: \_\_\_\_\_ (on or about the 5<sup>th</sup> of the month)

Utility Account# \_\_\_\_\_

Effective Date: \_\_\_\_\_ (on or about the 15<sup>th</sup> of the month)

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_