

BANK COLLECTION AUTHORIZATION

DATE: _____

TO: _____ BANK
_____, NEBRASKA

YOU ARE HEREBY AUTHORIZED, UNTIL SUCH TIME AS I MAY CANCEL THIS ARRANGEMENT, TO PAY TO THE CITY OF AINSWORTH THE AMOUNT OF MY BILL ON THE LAST BUSINESS DAY OF THE MONTH.

THE RECEIPTED BILL OF THE CITY WILL BE SUFFICIENT CHECK AGAINST MY ACCOUNT. IT IS UNDERSTOOD THAT IN CASE OF BILLING ERROR AN ADJUSTMENT WILL BE MADE BETWEEN THE CITY OF AINSWORTH AND MYSELF.

CITY UTILITY ACCOUNT #

NAME

BANK ACCOUNT#

BANK ROUTING #

SIGNATURE

DATE