



AutoPay Authorization Form

Ames Municipal Utilities, P. O. Box 811, Ames, IA 50010-0811

Name (Please Print)	Your Financial Institution's Name
Service Address	Your Financial Institution's Address
Ames Municipal Utilities Account Number	City, State, Zip
Checking Account Number:	

I hereby authorize the City of Ames to initiate variable entries to my checking account at the financial institution listed above for the purpose of making my monthly utility payment to the Ames Municipal Utilities.

Also, I agree that I remain obligated to pay for utility services in the event that a withdrawal from my account is dishonored, for whatever reason, and the Ames Municipal Utilities retains its normal collection rights.

Terms and Conditions:

1. Withdrawals will occur on the due date listed on your monthly utility bill.
2. Withdrawals will be for the total amount due on your monthly utility bill.
3. The City of Ames' authority to transfer funds from your account will not cease until the City of Ames receives written notice from you revoking this authorization agreement. This notice must be received by the City of Ames at least 30 days prior to the date on which you wish the arrangement to end.
4. If a withdrawal cannot be made, with or without cause on your part, the City of Ames shall be under no liability whatsoever.
5. If your withdrawal is returned unpaid, the City of Ames may assess a fee.

I hereby agree to the terms and conditions of this authorization.

Signature	Date
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* Complete the authorization form and return it to the City of Ames ***with a voided check*** from your checkbook. **Mail to:** Ames Municipal Utilities, P. O. Box 811, Ames, IA 50010.