



SANBORN MUNICIPAL UTILITIES
102 Main Street - P.O. Box 548
Sanborn, IA 51248-0548
Office: 712-930-3842
FAX: 712-930-3060

AUTHORIZATION – ACH Payment

I hereby authorize Sanborn Municipal Utilities to initiate automatic debits for the payment of my utility bill(s) from the listed bank account. Debit entries will occur on the selected date each month:

1st of month

8th of month

15th of month

() Checking Account # _____

() Savings Account # _____

BANK ROUTING NUMBER _____

*Routing number may be supplied by your financial institution, or you may attach a voided check or deposit slip to this form

BANK NAME _____

CITY _____ STATE _____

This authorization is to remain in effect until Sanborn Municipal Utilities has received notification from me of its termination in such a time and manner as to allow Sanborn Municipal Utilities a reasonable opportunity to act on the request.

CUSTOMER: _____
Print

Signature: X _____ Date: _____

Signature: X _____ Date: _____

ATTN: SANBORN SAVINGS BANK
DEPOSIT TO: Sanborn Municipal Electric General Fund
Account # _____

For Use by Sanborn Municipal Utilities:

Effective Date: _____ / _____ / _____

Copy to Sanborn Savings: _____ / _____ / _____

Customer Account: _____