



City of Reinbeck

414 Main Street

Reinbeck, IA 50669

319-788-6404

UTILITY BILLING AUTOMATIC PAYMENT FORM

Printed Name: _____

Utility Billing Account Number: _____ Start Date: _____

Address: _____

Phone Number: _____

Name of Bank or Financial Institution: _____

Routing Number: _____ Account Number: _____

I authorize the City of Reinbeck and the financial institution named below to process variable entries to my account. This authority will remain in effect until I give reasonable notification to terminate this authorization.

Signature: _____