

City of Arnolds Park  
Po Box 437  
Arnolds Park IA 51331

## Permission for Auto-Withdrawal

Name(s) on Utility Account: \_\_\_\_\_

Utility Account Number: \_\_\_\_\_

Utility Address: \_\_\_\_\_

I, \_\_\_\_\_, give the City of Arnolds Park permission to deduct the utility bill from my (checking) (savings) account. I have provided the City my banking information thru a cancelled check attached with this form.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*Please complete this form and return it with your payment or a voided check for **future** automatic withdrawals. Payment will be drafted on the 17<sup>th</sup> of the month due.*