

AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED DEBIT
CITY OF CEDAR RAPIDS, IA TIN: 42-6004336

I hereby authorize the City of Cedar Rapids, hereinafter called City, to initiate debit entries to my account at the financial institution named below, hereinafter called depository, for the fees associated with the services as checked below.

Depository name: _____

Type of Account: Checking Savings

City: _____ State: _____ Zip: _____

Transit/ABA no: _____ Account no: _____

Debit my account for the following fee(s) for city-provided services:

Monthly parking

Individual name _____ (debited 1st of each month)

Mailing address _____

Parking Card/Hangtag or Parking Account # _____ Indicate Lot # or Parkade _____

Water bill (debited on bill due date) Name on bill _____

Account # _____ Service Address: _____

Benefit premium (debited on 1st business day of month)

(Choose one) Retiree COBRA:

(Choose coverage) Health: Single Family

Dental: Single Family Employee Assistance

Housing Rental Rehab Loan (debited on 1st business day of the month)

Invoice # _____ Amount _____

I understand that I am responsible for notifying the CITY of any DEPOSITORY account changes, or termination of ACH authorization, at least 15 days in advance of the change. Failure to do so, which results in a rejected ACH debit by the bank, will result in a \$30.00 service charge being directly debited to my account.

This authority is to remain in full force and effect until CITY and DEPOSITORY have received written notification from me of its termination and in such manner as to afford CITY and DEPOSITORY a reasonable opportunity to act on it.

Print Name: _____ Date: _____

Signature: _____

PLEASE PROVIDE A VOIDED CHECK WITH THIS AGREEMENT AND MAIL TO:

Republic Parking, 201 1st Avenue SE 3rd Floor, Cedar Rapids, IA 52401

Office Use Only PS Customer ID _____

First ACH payment _____