

City of Strawberry Point

111 Commercial Street
PO Box 279
Strawberry Point, IA 52076
(563) 933-4482

Utility Account
Automatic Bank Withdrawal Form

Date _____

I hereby authorize the City of Strawberry Point to take my monthly utility bill out of my bank account. I understand this transaction will occur on the 15th day of the month or the closest business day to the 15th. I understand that the City requires a 30 day notice to stop automatic payments & such request shall be in writing.

City Utility Account # _____

Customer Signature _____

Please attach voided check or saving deposit form.

Check One:

Checking _____ Bank _____ Account # _____

Routing # _____

Savings _____ Bank _____ Account # _____

Routing # _____