



Automatic Payment Authorization Form

Name on Utilities Account: _____

Service Address: _____

Utilities Account Number: _____

Would you like your bill emailed: Yes No

Email Address: _____

I hereby authorize the City of New Hampton to deduct payment from my bank account listed below for my monthly utilities.

Bank: _____

Name on Bank Account: _____

Account Type: Checking Savings

Bank Routing Number: _____

Bank Account Number: _____

Signature of Utility Customer

Date

****Please attach a voided check.**

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