



CITY OF URBANDALE
DIRECT DEPOSIT AUTHORIZATION AGREEMENT

I hereby authorize the City of Urbandale to initiate credit entries (and, if necessary, debit entries and adjustments for any credit entries in error) to my account indicated below and the depository named below.

Deposit #1
Bank Name _____
Routing Number _____ Checking _____ Savings _____
Account Number _____
Amount _____

Deposit #2
Bank Name _____
Routing Number _____ Checking _____ Savings _____
Account Number _____
Amount _____

Deposit #3
Bank Name _____
Routing Number _____ Checking _____ Savings _____
Account Number _____
Amount _____

Deposit #4
Bank Name _____
Routing Number _____ Checking _____ Savings _____
Account Number _____
Amount _____

Deposit #5
Bank Name _____
Routing Number _____ Checking _____ Savings _____
Account Number _____
Amount _____

If additional accounts are needed, please make a copy and continue.

This authority is to remain in full force and effect until the City of Urbandale has received written notification from me of its termination.

Name _____

Signature _____ Date _____