



SANBORN MUNICIPAL UTILITIES
102 Main Street - P.O. Box 548
Sanborn, IA 51248-0548
Office: 712-930-3842
FAX: 712-930-3060

AUTHORIZATION for ELECTRONIC BILL PAYMENTS

I/We hereby authorize Sanborn Municipal Utilities to initiate debit entries to my/our

Check one only () Checking Account # _____

() Savings Account # _____

*ROUTING NUMBER _____

*Routing number may be supplied by your financial institution or you may attach a voided check or deposit slip to this form.

AT:

BANK NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

Hereinafter called Depository, and to debit the same to such account on:

() 1st of month () 8th of month () 15th of month

This authorization is to remain in full force and effect until Sanborn Municipal Utilities has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Sanborn Municipal Utilities and Depository a reasonable opportunity to act on it.

NAME(S) _____

DATE _____ SIGNED X _____

DATE _____ SIGNED X _____

SANBORN SAVINGS BANK - DEPOSIT TO:
Sanborn Municipal Electric General Fund
Account # _____

For Company Use Only:
Effective Date: _____ / _____ / _____
Copy to Sanborn Savings Bank: _____ / _____ / _____
Customer Account # with Sanborn Municipal Utilities: _____