I/We authorize t	he C	City of Kelle		to my/our	Kelley account at the bank of my/ou ount information identified be	
for the purpose	of a	ccomplishir	ng the following preautho	rized payn	nents for water/utility service	s:
The City of Kelley will debit:			An amount which may vary. I understand I will receive notice in the form of a utility bill at least 10 days in advance of the due/withdraw date.			
Frequency:	Χ	Monthly	Type of Acc	ount:	Checking or Savings	
debits will be pro My/Our account this authorization provisions of U.S. I/We understand received written	esen will n. l, 6. lav d tha not	ted from the remain suffice acknown the acknown the suffice the suther from the suther	ne Greater Iowa Credit Unbject to its individual terrowledge that the origination will remain in fu	nion of Amns and con on of these Il force and on in such	ditions, which are not modified transactions must comply with a life city of Kelley time and in such manner as to	ed by th the has
Name(s) Printed						
vice Address						
Phone number						
Signature	سمجييه			5-245-014-08-April (1994-1994-1994-1994-1994-1994-1994-1994		
Date		***************************************				
Void	ded	le which ac check is att hone #, and	1 11	SAVINGS		

Routing # _____

l'iity Account # _____ Received By_____