

City of Osceola

Phone: (402)747-3411 • 350 N. State P.O. Box 701 Osceola, NE 68651 • Fax: (402)747-8191

Check Line (ACH) Authorization Form

Please print using blue or black ink.

Type of Enrollment: New Update Existing Bank Information

***Note: Please allow approximately 30 days for processing.

Name on Utility Account: _____

Utility Account Number: _____

Phone: (Home): _____ - _____ - _____ (Cell): _____ - _____ - _____

Street Address: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____

Name on Bank Account: _____

Bank Name: _____

Routing Number: _____

Bank Account Number: _____

Type of Account: _____ Checking _____ Savings

**** Attach a voided check, savings withdrawal slip, or Bank account information from your bank on the Bank's Letterhead. ****

Note: Deposit slip cannot be accepted if the routing number imprinted on the deposit slip differs from what is imprinted on your check as the deposit slip routing number is not valid for these EFT transactions.

I, _____ authorize the City of Osceola to debit the financial account listed above for monthly payments of my bill. I understand that I may discontinue this service by calling the City Clerk/Treasurer at (402) 747-3411.

Signature: _____ Date: _____

**** Bank account holder must also sign form if name differs from utility account ****