



SURE-PAY Authorization Form

Customer Information

Bank Information

Name_____

Name_____

Address_____

City_____

City_____ State____ Zip_____

State_____ Zip_____

Utility Account No._____

Bank Account No._____

Signature_____

Bank ABA No._____

Complete this form and return it to the City of Grimes with a voided check. Deliver to City Hall, email grimeswaterdept@ci.grimes.ia.us or mail to:

City of Grimes
101 NE Harvey St
Grimes, IA 50111
www.grimesiowa.gov

I authorize the City of Grimes and City State Bank to initiate variable entries to my checking or savings account. This authority will remain in effect until I notify the City of Grimes in writing to cancel it in such time as to afford the City of Grimes and City State Bank a reasonable opportunity to act. If you have any questions regarding your ACH on your bank statement, please call City State Bank, 515-986-4234.

Also, I agree that I remain obligated to pay for utility services in the event that a charge to my account is dishonored, for whatever reason, and the City of Grimes retains its normal collection rights.

City of Grimes
101 NE Harvey St
Grimes, Iowa 50111
Phone 515.986.3036 fax 515.986.3846