

**CITY OF SPIRIT LAKE
1803 HILL AVE
SPIRIT LAKE, IA 51360**

AUTOMATIC UTILITY PAYMENTS

DATE _____

Customer Name _____

Service Address _____

Mailing Address _____

Utility Acct # _____

Bank Name _____

Bank Address _____

Telephone No. _____

Routing No. _____

Account No. _____

___ *Checking*

___ *Savings*

NOTE: Please attach a voided check

(Signature)

**Return form to: Spirit Lake City Hall
1803 Hill Avenue
Spirit Lake, IA 51360**