

CITY OF OAKLAND

101 North Main Street
712-482-6811

P.O. Box 396

Oakland, IA 51560
Fax 712-482-6861

AUTOMATIC WITHDRAWAL AGREEMENT

Select One: Arbor Bank
Great Western Bank

Treynor State Bank

Other: _____

Address: _____

Phone #: _____

Name: _____

Address: _____

Phone Number: _____

Billing Account # _____

I am requesting that my monthly utility bill, with the City of Oakland, be automatically withdrawn from my checking account.

My checking account number is _____.

Signature

Date

NOTE: Please attach a voided check and return with this request. If you selected 'other' for your bank, please provide the address and phone # of the bank. Your Information will be kept secure, for you protection.