City of Lake Ozark

At Bagnell Dam — Lake of the Ozarks

AUTOMATIC WITHDRAWAL AGREEMENT FORM

Authorization Agreement

I hereby authorize the **City of Lake Ozark** to initiate automatic withdrawals from my account at the financial institution named below.

Further, I agree not to hold the **City of Lake Ozark** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me.

This agreement will remain in effect until the **City of Lake Ozark** receives a written notice of cancellation from me or my financial institution, or until I submit a new withdrawal agreement form to the Utility Department.

Account Information

Name of Financial Institution:		
Financial Institution Address:		Financial Phone #:
Name on Checking Account:		
Routing Number:		
Account Number:		☐ Checking ☐ Savings
Utility Account Number:		
Primary Personal Email:		

Signature

Any bank account updates MUST be provided to us *before the first* of any month --- or changes will not be effective until the next month.

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Please attach a voided check and return this form to the Utility Department.

City of Lake Ozark
P.O. Box 370
Lake Ozark, MO 65049
Phone 573-365-5378 / Fax 573-365-4515