City of Lisbon

Direct Pay

A Convenient Way to Pay Your Monthly Bill

I (we) hereby authorize the City of Lisbon to initiate debit entries to my (our account) indicated and the depositary named below to debit same to such account.

Bank (Depository) Name: _____

City/ State: _____

Routing Number: _____

Account Number: _____

This authority is to remain in full force and effect until CITY and DEPOSITORY have received written notification from me (or either of us) of its termination in such time and in such manner as to afford CITY and DEPOSITORY a reasonable opportunity to act on it.

Name(s) Printed: _____

Signed: _____

Date: _____

Please attach a voided deposit slip or check

City of Lisbon
115 N Washington
PO Box 68
Lisbon, IA 52253
319.455.2459
www.cityoflisbon-ia.gov