

CUSTOMER AUTHORIZATION FOR DIRECT PAYMENT (ACH)

I hereby authorize the City of Winner to electronically debit my account the entire amount of my utility bill on the 10th day of each month as follows:

 Checking Account/ Savings Account

At the depository financial institution named below. I agree that ACH transactions I authorize comply with all applicable law.

Bank Name/Branch: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_

Routing Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name(s) on the Account: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that this authorization will remain in effect until I notify the City of Winner by writing to cancel the direct payment (ACH). I understand that the City of Winner requires at least 3 days’ prior notice to cancel this authorization.

 Begin Payment Change Information

On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I authorize City of Winner, 325 S Monroe St Unit 118, Winner, SD 57580 to initiate entries to my checking/savings account and have agreed to the terms listed on the authorization. I may revoke my authorization with you by contacting the information above.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_