

CITY OF MILBANK

1001 E 4TH AVE
MILBANK, SD 57252
605-432-9575
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DIRECT PAYMENT APPLICATION (ACH)

I authorize the CITY OF MILBANK to initiate electronic debit entries to my ____ Checking Account (or) ____ Savings Account for payment of my utility bill.

I allow the CITY OF MILBANK to withdraw funds from my account on the ____ 23rd of each month (or) ____ 10th of each month.

I ____ DO want to receive a copy of my bill (or) ____ DO NOT want to receive a copy of my bill from the CITY OF MILBANK.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

Customer _____ Service Address _____

Account Number _____

Signature _____ Date _____

Financial Institution (Please Print) _____

Financial Institution Routing Number _____

Financial Institution Account Number _____

Financial Institution City and State _____

Please attach a voided check or deposit slip to ensure accurate numbers.

Thank you!