

# CITY OF MILBANK

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MILBANK, SD 57252  
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## DIRECT PAYMENT APPLICATION

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 \_\_\_\_ 23<sup>rd</sup> OF EACH MONTH (or) \_\_\_\_ 10<sup>th</sup> OF EACH MONTH.

(Note: \*\* When choosing the date to withdraw funds from your account, keep in mind that the 23<sup>rd</sup> is the date the CITY OF MILBANK sends out the bill. The 23<sup>rd</sup> is approximately 20-23 days before the due date of every bill. The 10<sup>th</sup> is 5 days before the due date. Due dates are always the 15<sup>th</sup> of every month.

For example: March bills are sent out on March 23<sup>rd</sup> and are due on April 15<sup>th</sup>. If you were to choose the 23<sup>rd</sup>, your amount would be withdrawn from your account on March 23<sup>rd</sup>. If you were to choose the 10<sup>th</sup>, your amount would be withdrawn from your account on April 10<sup>th</sup>.)

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 Name \_\_\_\_\_

Service Address \_\_\_\_\_

Account \_\_\_\_\_

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!**

In accordance with Federal law and U.S. Department of Agriculture policy, The City of Milbank is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, and familial status. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD).