

## **DIRECT PAYMENT APPLICATION**

□ Checking Account (or) □ Savings Account  I allow the CITY OF MILBANK to withdraw funds from my account on the □ 10 <sup>th</sup> of Each Month (or) □ 27 <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 27 <sup>th</sup> is approximately 20 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 27 <sup>th</sup> , your amount would be withdrawn from your account on March 27 <sup>th</sup> . If you were to choose the 10 <sup>th</sup> , your account would be withdrawn from your account on April 10 <sup>th</sup> .  Mail Bill □ I DO want to receive a copy of my bill in the mail  Email Bill □ I want to receive a copy of my bill by EMAIL	I authorize the CITY OF MILB	ANK to initiate electronic debit entries to my
□ 10 <sup>th</sup> of Each Month (or) □ 27 <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 27 <sup>th</sup> is approximately 20 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 27 <sup>th</sup> , your amount would be withdrawn from your account on March 27 <sup>th</sup> . If you were to choose the 10 <sup>th</sup> , your account would be withdrawn from your account on April 10 <sup>th</sup> .  Mail Bill □ I DO want to receive a copy of my bill in the mail  Email Bill □ I want to receive a copy of my bill by EMAIL  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:  Water Account Number:  Phone Number:  Date  Financial Institution (Please Print)  Financial Institution Account Number  Financial Institution Account Number	☐ Checking Account (or)	☐ Savings Account
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Email Bill  I want to receive a copy of my bill by EMAIL	amount would be withdrawn fr	rom your account on March 27 <sup>th</sup> . If you were to choose the 10 <sup>th</sup> , your account would be
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Service Address:  Water Account Number:  Signature  Date  Financial Institution (Please Print)  Financial Institution Routing Number  Financial Institution Account Number	· ·	
Water Account Number: Phone Number:  Signature Date  Financial Institution (Please Print)  Financial Institution Routing Number  Financial Institution Account Number	Customer Name:	
Signature Date  Financial Institution (Please Print)  Financial Institution Routing Number  Financial Institution Account Number	Service Address:	
Financial Institution (Please Print)  Financial Institution Routing Number  Financial Institution Account Number	Water Account Number:	Phone Number:
Financial Institution Routing Number Financial Institution Account Number	Signature	Date
Financial Institution Account Number	Financial Institution (Please	Print)
	Financial Institution Routing	ş Number
Financial Institution City and State	Financial Institution Accoun	t Number
	Financial Institution City and	d State

## Please attach a voided check to ensure accurate numbers. Thank you!

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