

DIRECT PAYMENT/ACH DEBIT AUTHORIZATION
CITY OF DELL RAPIDS
PO BOX 10
DELL RAPIDS, SD 57022

I authorize City Of Dell Rapids to initiate electronic debit entries for the purpose of [utility bills], and if necessary, electronic credit entries to correct any erroneous debit entries. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Type of Bank Account:

____ Business Checking Account

____ Business Savings Account

* (Check if the checking or savings account is set up at your bank as a business or commercial account)

____ Personal Checking account

____ Personal Savings account

Banking Information:

Financial Institution Name: _____

Financial Institution City, State, and Zip: _____

Financial Institution Routing Number: _____

Account Number at Financial Institution: _____

Account Information:

Utility billing account name _____

Utility billing account address _____

Utility billing account number _____

Please attach a voided check to this form.

Date(s) and/or frequency of debit(s): The 15th of each month, or the next business day

Name _____

Signature

Date