

Signature:

City of Hill City ACH Payment Authorization Form

Schedule your payment to be automatically deducted from your checking or savings account. Just complete and sign this form to get started!

Recurring Payments Will Make Your Life Easier:

It's convenient (saving you time and postage)

Your payment will always be on time (even if you're out of town), eliminating late charges

Here's How Recurring Payments Work:

You authorize regularly scheduled debits to your checking account. Your account will be debited the amount indicated on your billing statement.

Note: You must provide notification at least 21 days prior to your due date of any changes to your ACH account information.

Please complete the information below:	UTILITY ACCT#
I authorize the Cit	ry of Hill City to debit the bank account
indicated below on the 20th of each month for my payment obligations.	
Billing Address	
City, State, Zip	Email:
Account Type:	
	CONSUMER
Name on Acct:	BUSINESS
Bank Name:	
Bank City, State, Zip:	A complete plant of the state of the
Routing No.:	Routing Number Account Number
Account No.:	
SIGNATURE	DATE
(we) agree to have funds available in my (our) account on the designation	ated date(s) to affect this transfer.
process the charge again on the 25th of the month, and I agree to an ag	SF), I understand that The City of Hill City may, at their discretion, attempt to dditional \$30 charge, which will be initiated as a separate transaction from the ctions to my account must comply with the provisions of U.S. law. I will not ction corresponds to the terms indicated in this agreement.
Debit(s) will begin	on:
I hereby revoke the above authorization effective Date	e:/20