Authorization for Direct Payment Via ACH to City of Colome

We are pleased to be able to offer you a popular service-the Direct Payment Plan. Now you can have your payment made automatically from your checking or savings account. And you won't have to change your present banking relationship to take advantage of this service.

The Direct Payment Plan will help you in several ways.

- It saves time-fewer checks to write.
- Helps meet your commitment in a convenient and timely manner-even if you are on vacation or out of town.
- No lost or misplaced statements, your payment is always on time-it helps maintain good credit.
- It saves postage.
- It is easy to sign up for, easy to cancel.
- No late charges.

***Here's how the Direct Payment Plan works*:** You authorize regularly scheduled payments to be made from your checking or savings account. Then, just sit back and relax. Your payments will be made automatically on the specified day. And proof of payment will appear on your statement.

The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. If the amount of your payment changes, we will notify you at least 10 days before payment date.

The Direct Payment Plan is dependable, flexible, convenient and easy. To take advantage of this service, complete the attached authorization form and return it to us.

STAPLE VOIDED CHECK HERE

AUTHORIZATION FOR DIRECT PAYMENT VIA ACH

Please fill out this form in its entirety.

Check one: ☐ Begin Payment ☐ Change Information

I authorize the City of Colome to initiate entries to electronically debit my account and, if necessary, to electronically credit my account to correct erroneous debits.

☐ checking account ☐ savings account (select one)

at the depository financial instituition named below. I agree that ACH transactions I authorize comply with all United States and applicable law.

Financial Institution _____

Branch _____

City _____ State _____ Zip Code _____

Name(s) on Account (Please Print) _____

Signature _____

Date _____

TRANSIT ROUTING NUMBER

⑆ | | | | | | | | | | ⑆

ACCOUNT NUMBER INFORMATION

| | | | | | | | | | | | | | | | |

On _____ I authorized City of Colome
Date
PO Box 237
Colome, SD 57528-0237

Phone: (605)842-0853

to initiate entries to my checking/savings account and have agreed to the terms listed on the authorization. I may revoke my authorization with you at any time by contacting the information above.

Amount of debit, or method of determining amount of debit: _____

Start date of debit: _____ (select one) ☐ Single Debit Entry ☐ Recurring Debit Entry

Frequency of Debit:_____

RETAIN A COPY YOUR RECORDS