



CITY OF FAULKTON

PO BOX 21
105 8TH AVENUE N
FAULKTON, SD 57438
605-598-6515

DIRECT PAYMENT APPLICATION

I authorize the **CITY OF FAULKTON** to initiate electronic debit entries to my ____ Checking Account (or) ____ Savings Account for payment of my utility bill. **The utility bill will be withdrawn on the 10th of each month.**

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I understand that this authorization will remain in full force and effect until I notify the City of Faulkton, in writing, by phone, or in person that I wish to revoke this authorization. I understand that the City of Faulkton requires at least 10 days prior notice in order to cancel this authorization.

Customer Name _____

Service Address _____

Account _____

Phone _____

Signature _____ **Date** _____

Financial Institution (Please Print) _____

Financial Institution Routing Number _____

Financial Institution Account Number _____

Financial Institution City and State _____

****Please include a voided check****