

For office use:

City of Spearfish

Account # _____

Completion Date _____ By _____

ACH current balance? YES NO

TCM

CITY OF SPEARFISH **AUTHORIZATION FOR DIRECT PAYMENT**

I authorize the City of Spearfish and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify the City in writing to cancel it is such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying the City Utility Billing Office three (3) days before my account is charged.

For security purposes, please do not submit this form via email.

You may deliver or mail the form to the Utility Billing Office at 625 N 5th Street.

Name-Please Print _____

Property Address-Please Print _____

Billing Address (If different than property address) _____

Sign me up for paperless billing! Email _____

Credit or Debit



Credit Card # _____ Exp Date _____

Checking or Savings

Name of Financial Institution _____

City _____ State _____ Zip Code _____

Routing Number _____ Checking _____ Savings _____
Between these symbols |: |: on the bottom of your check

Bank Account Number _____

 **Signature** _____ **Date** _____

PLEASE ATTACH A VOIDED CHECK
(If applicable)