Authorization Agreement for Direct Utility Payments



Direct Payment via ACH is a free service authorizing your monthly City of Yankton water, sewer, & garbage utility bill payment. The ACH will be drawn directly from your checking or savings account on the first business day prior to the 10th of the month. Proof of payment will appear on your bank statement and monthly utility bill.

Printed Name on Account:	******	Utility Billing Information
Phone: Email: Consumer Authorization for Direct Payment via ACH Direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment. Check one: Begin Payment Change Information I (we) authorize _The City of Yankton ("COMPANY") to electronically debit my (our) account and, if necessary, to electronically credit my (our) account to correct erroneous debits as follows: Checking Account Savings Account (select one) at the depository Financial Institution named below ("DEPOSITORY"). I (we) agree that ACH transactions I (we) authorize comply with all applicable laws. Bank / Depository name:	Printed Name on Account: _	
Consumer Authorization for Direct Payment via ACH Direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment. Check one: Begin Payment Change Information I (we) authorize <a ("company")"="" href="The City of Yankton">The electronically debit my (our) account and, if necessary, to electronically credit my (our) account to correct erroneous debits as follows: Checking Account Savings Account (select one) at the depository Financial Institution named below ("DEPOSITORY"). I (we) agree that ACH transactions I (we) authorize comply with all applicable laws. Bank / Depository name:	Account number:	Utility Address:
Consumer Authorization for Direct Payment via ACH Direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment. Check one: Begin Payment Change Information I (we) authorize <u>The City of Yankton</u> ("COMPANY") to electronically debit my (our) account and, if necessary, to electronically credit my (our) account to correct erroneous debits as follows: Checking Account Savings Account (select one) at the depository Financial Institution named below ("DEPOSITORY"). I (we) agree that ACH transactions I (we) authorize comply with all applicable laws. Bank / Depository name: Account number: Name(s) on the account:	Phone:	Email:
Direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment. Check one: Begin Payment Change Information I (we) authorize <u>The City of Yankton</u> ("COMPANY") to electronically debit my (our) account and, if necessary, to electronically credit my (our) account to correct erroneous debits as follows: Checking Account Savings Account (select one) at the depository Financial Institution named below ("DEPOSITORY"). I (we) agree that ACH transactions I (we) authorize comply with all applicable laws. Bank / Depository name: Routing number: Name(s) on the account:		
making a payment. Check one: Begin Payment Change Information I (we) authorize _The City of Yankton ("COMPANY") to electronically debit my (our) account and, if necessary, to electronically credit my (our) account to correct erroneous debits as follows: Checking Account Savings Account (select one) at the depository Financial Institution named below ("DEPOSITORY"). I (we) agree that ACH transactions I (we) authorize comply with all applicable laws. Bank / Depository name:	Consume	Authorization for Direct Payment via ACH
I (we) authorize <u>_The City of Yankton</u> ("COMPANY") to electronically debit my (our) account and, if necessary, to electronically credit my (our) account to correct erroneous debits as follows: Checking Account Savings Account (select one) at the depository Financial Institution named below ("DEPOSITORY"). I (we) agree that ACH transactions I (we) authorize comply with all applicable laws. Bank / Depository name: Routing number: Account number:	-	transfer of funds from a consumer account for the purpose of
and, if necessary, to electronically credit my (our) account to correct erroneous debits as follows: Checking Account Savings Account (select one) at the depository Financial Institution named below ("DEPOSITORY"). I (we) agree that ACH transactions I (we) authorize comply with all applicable laws. Bank / Depository name: Routing number: Name(s) on the account:	Check one: Begin Po	/ment Change Information
named below ("DEPOSITORY"). I (we) agree that ACH transactions I (we) authorize comply with all applicable laws. Bank / Depository name: Routing number: Account number: Name(s) on the account:	and, if necessary, to electron	
Routing number: Name(s) on the account:	named below ("DEPOSITORY"	
Name(s) on the account:	Bank / Depository name:	
	Routing number:	Account number:
Debit transaction frequency:	Name(s) on the account:	
	Debit transaction frequency:	
 Single Entry (one-time payment) Multiple Entries (multiple entries that may not occur at substantially regular intervals) How will subsequent Entries be allowed? Telephone Internet Other: 	Multiple Entries (mu How will subse Telephone Internet	iple entries that may not occur at substantially regular intervals) uent Entries be allowed?

Recurring Entries (entries that recur at substantially regular intervals, without further affirmative action by the Receiver)

Date of debit (if Single Entry) or date of first debit: _____

Number of and/or frequency of debits: <u>Once a month on the 8th or 9th</u>

Authorized debit amount (or method for determining amount): Yankton Utility Bill Amount Due

I (we) understand that this authorization will remain in full force and effect until I (we) notify the City of Yankton Finance Office via writing that I (we) wish to revoke this authorization. I (we) understand that the City requires at least 2 weeks prior notice in order to cancel this authorization.

Name(s):			
		(Please Print)	
		. ,	
Date:	Signature(s):		

Attach Voided Check or Bank Authorization Form here:

NAME			123
ACCOUNT NO.			
AY TO THE CADER OF	- ACTI		DATE
THE BANK OF WASHINGTON			DOLLARS
OR 1:1251083661:	123456789	153	
ABA / Transit Routing Number	Bank Account Number	Check Number	

Remit to:

City of Yankton Finance Office PO Box 176 416 Walnut St Yankton, SD 57078

For questions: Call (605)668-5241 or email finance@cityofyankton.org

Or complete online at https://www.cityofyankton.org/departments-services/finance-office/utility-payment

Office Use Only	
Date Received	by
Date Entered	