

# City of Elk Point

PO Box 280  
Elk Point, SD 57025

605-356-2141

## DIRECT PAYMENT APPLICATION

I authorize the City of Elk Point to initiate electronic debit entries to my \_\_\_\_ Checking Account (or) \_\_\_\_ Savings Account for payment of my utility bill.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

**Customer Name** \_\_\_\_\_ **Service Address:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Financial Institution (Please Print): \_\_\_\_\_

Financial Institution Routing Number: \_\_\_\_\_

Financial Institution Account Number: \_\_\_\_\_

Financial Institution City and State: \_\_\_\_\_

**Please include a voided check.**