

City of Lewistown
305 W. Watson St
Lewistown MT 59457
Phone: (406)535-1760
Fax: (406)535-3323

ACH AUTHORIZATION FORM

The guidelines for this program are as follows:

- ❖ **On the 20th of each month, or the next available working day, and if there is no change in billing status or amount, your bank account will be debited for the amount shown on your bill**
- ❖ **To enroll, account must be current**
- ❖ **Any changes will require completion of a new authorization form**

To sign up for the automatic debit program, complete this form, attach a voided check (for checking account deduction) or a deposit slip (for savings account deduction) and return it to the City office. If you have any questions, please contact the City of Lewistown.

I (we) hereby authorize the Lewistown Water & Sewer Department to initiate debit entries to my (our) Checking Account Savings Account (check one) indicated below at the depository financial institution named below. I (we) acknowledge that the origination's of ACH transactions to my (our) account must comply with the provisions of U.S. law. This authorization is to remain in full force and effect until I (we) give written notification to the Lewistown Water & Sewer Dept.

DATE: _____

Name & address _____

Customer Phone Number: _____ Water & Sewer account# _____

Financial Institution _____ Bank Account# _____

Routing# _____ Signature _____

PLEASE ATTACH A VOIDED CHECK