

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:

- ❖ **Bills are sent out by the 1st of each month.**
- ❖ **Any disputes or questions regarding the bill need to be addressed to the City of Lewistown by the 10th of each month or the next available working day.**
- ❖ **On the 20th of each month, or the next available working day, 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: _____ Water & Sewer Account # _____

Name & service address _____

E-mail Address _____ Would you like your bill e-mailed? Y or N

Customer Phone Number: _____ Financial Institution _____

Routing # _____ Bank Account# _____

Signature _____

PLEASE ATTACH A VOIDED CHECK