

# Request for ACH Payment Form

Click once in the shaded boxes and begin typing your information. This form needs to be Completed, Saved to your device, and Printed and delivered to the Water Department at City Hall, OR Emailed to the email address below.

Customer Name(s): \_\_\_\_\_

Phone #: \_\_\_\_\_

Each customer must provide his or her bank name, bank routing number, and bank account number.

Bank Name: \_\_\_\_\_

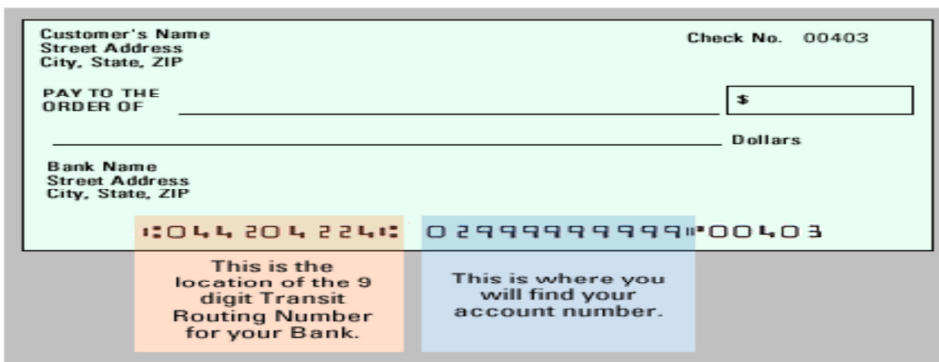
Bank Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Is this a Checking or Savings Account (please check one box):

Checking  Savings

(Please attach void check here)



I (we) hereby authorize The City of Miles City Water/Sewer Department to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits). Amount of debits will vary month to month based on account balance.

I (we) understand that this authorization will remain in force and effect until I (we) notify *The City of Miles City Water/Sewer Department* in writing at 17 S. 8<sup>th</sup> St that I (we) wish to revoke this authorization. I (we) understand that *The City of Miles City Water/Sewer Department* requires at least 15 days prior notice in order to cancel this authorization.

Enter **Electronic Signature** below by typing your full name in the space provided. Your electronic signature demonstrates your intent to sign this document with the same effect and enforceability as if you had signed using your written signature, as set forth in Title 30, Chapter 18, Part 1, *Montana Code Annotated*. Forgery of an electronic signature may result in criminal and/or civil liability. Typing your Name and Date below and emailing this form to the City Water Department ([pbishop@milescity-mt.org](mailto:pbishop@milescity-mt.org)) demonstrates your intent to electronically sign this document.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Electronic fund transfers can only be done with banks in the United States.

For Water/Sewer Department use only:

Customer Name: \_\_\_\_\_

Start Date of ACH: \_\_\_\_\_

Account Number: \_\_\_\_\_

Service Address: \_\_\_\_\_