



CITY OF BRANDON
304 S. Main Avenue, P.O. Box 95
Brandon, SD 57005
Telephone: (605) 582-6515

DIRECT PAYMENT/ACH DEBIT AUTHORIZATION

I, _____, authorize City of Brandon to initiate electronic debit entries for the purpose of my utility bill and if necessary, electronic credit entries to correct any erroneous debit entries. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Type of Bank Account:

- *Business Checking Account
*Business Savings Account

*(Check this box if the checking or savings account is setup at your bank as a business or commercial account)

- Personal Checking account
Personal Savings account

Banking Information: (please attach a voided check)

Financial Institution Name: _____
Financial Institution City, State, and Zip: _____
Financial Institution Routing Number: _____
Account Number at Financial Institution: _____

Specify range of acceptable dollar amounts authorized: Refer to Monthly Bill – if you have questions with the bill please call one week prior to ACH draft

Date(s) and/or frequency of debit(s): Once a month on the 15th of the month unless a weekend then the following business day.

NAME (PLEASE PRINT): _____
ADDRESS: _____ ACCOUNT: _____
SIGNATURE: _____
PHONE NUMBER: _____
DATE: _____

How to Revoke your Authorization:

This authority will remain in effect until I have cancelled it in writing with City of Brandon stating that I wish to revoke this authorization. I understand that City of Brandon requires at least 2 weeks prior notice in order to cancel this authorization.

Authorization Revoked on: _____ Signature: _____

Retain authorization for 2 years after the revocation of the authorization