



ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

I authorize the City of Freeman, Freeman, South Dakota and the bank named below to initiate UTILITY BILLING from my checking/savings account. This authority will remain in effect until I notify the bank in writing to cancel it in such time as to afford the bank a reasonable opportunity to act on it. I can stop payment of entry by notifying my bank 3 BUSINESS days before my account is charged. The Electronic Funds Transfer will only work if the City reads your meter.

I understand that:

***Utility payments are considered paid on the 10th of every month. If the 10th falls on a weekend or holiday, the draft will be done on the following working day.

***If the designated checking or savings account has insufficient funds at the time of the electronic fund transfer, my Utility service may be cancelled after the appropriate notices are taken into action.

NAME _____

ADDRESS _____

HOME PHONE NUMBER _____

NAME OF BANK _____

ADDRESS OF BANK _____

BANK ROUTING NUMBER _____

CHECKING/SAVINGS ACCOUNT NUMBER _____

SIGNATURE _____

DATE _____

PLEASE ATTACH A VOIDED CHECK OR DEPOSIT SLIP TO BE RETAINED IN OUR FILES.

On _____ I authorize CITY OF FREEMAN to initiate electronic funds from my checking/savings
(date)

account at _____ and agree to the terms listed on the authorization.
(bank name)