

**ACH DEBIT AUTHORIZATION**

**CITY OF FLANDREAU  
1005 W ELM AVE  
FLANDREAU, SD 57028-1404**

I, \_\_\_\_\_, authorize the **CITY OF FLANDREAU** to initiate electronic debit entries for the purpose of **UTILITY BILLING PAYMENT** 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:***

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

Amount of debit(s): BASED ON CUSTOMERS MONTHLY UTILITY USAGE

Frequency of debit(s): MONTHLY ON THE 15<sup>TH</sup> OR THE FOLLOWING BUSINESS DAY

***Authorization:***

NAME (PLEASE PRINT): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

UTILITY BILLING ACCOUNT NUMBER: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

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**OFFICE USE**

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

ACH START DATE: \_\_\_\_\_

***How to Revoke your Authorization:***

This authority will remain in effect until cancelled in writing on this form with the **CITY OF FLANDREAU** stating that I wish to revoke this authorization. I understand that the **CITY OF FLANDREAU** requires at least **THREE WEEKS** prior notice in order to cancel this authorization.

I, \_\_\_\_\_, am revoking my ACH debit with the **CITY OF FLANDREAU** for the purpose of **UTILITY BILLING**.

On, \_\_\_\_\_ my **FINAL** ACH transaction will be completed with the **CITY OF FLANDREAU**.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Authorization Revoked on: \_\_\_\_\_ Signature: \_\_\_\_\_

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**OFFICE USE**

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

LAST ACH DATE: \_\_\_\_\_

*Retain authorization for 2 years after the revocation of the authorization*