



Town of Culbertson

THE TOWN OF CULBERTSON IS AN EQUAL OPPORTUNITY EMPLOYER & PROVIDER

210 Broadway Ave. • P.O. Box 351

Culbertson, Montana 59218

(406) 787-5271

UTILITY ACH AUTHORIZATION FORM

WATER/SEWER ACCOUNT NUMBER(S): _____

EFFECTIVE DATE OF DEDUCTION: 10th of each month

Type of Authorization: New Authorization _____ Change in Banking Information _____

Discontinue Electronic Deduction _____

Date of Call Reason (if any) In Office / Phone

NAME: _____

SERVICE ADDRESS: _____

MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

BANK NAME: _____

BANK LOCATION: _____

ROUTING NUMBER: _____

CHECKING ACCOUNT NUMBER: _____

I authorize the Town of Culbertson to process an ACH payment to my account listed above.

I understand that this authority will remain in effect until I provide at least 30 days written notification to terminate the authorization. The Town will provide a billing statement each month with the amount that will be deducted as the amount will vary from month to month because of the water/sewer usage.

I understand that if my payment is returned as non-sufficient funds (NSF) I will need to pay my bill by other means that month and will be charged a NSF fee.

I understand that my payment will be debited from my account on the 10th of every month or the following business day.

SIGNATURE: _____ **DATE:** _____

PLEASE STAPLE A BLANK VOIDED CHECK OR DEPOSIT SLIP TO THIS FORM