

CITY OF POLSON

106 1st Street East • Polson, MT 59860 • Telephone 406-883-8201 • Fax 406-883-8238

ELECTRONIC FUND TRANSFER PAYMENT – AUTHORIZATION FORM

I authorize, until further written notice, the City of Polson to initiate variable monthly debit entries to my checking/savings account on the 15th day of each month for my current water/sewer bill.

The authority will remain in effect until I notify the City of Polson in writing to cancel it in such time as to afford the company a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

UTILITY ACCOUNT# _____ NAME: _____

Name as it appears on your bank account: _____

Bank name: _____ Telephone# _____

Account# _____ Routing# _____

Address# _____

Please sign name(s) exactly as you do on your checks

Signed _____ Signed _____

Date _____ Date _____

Note: If the payment draft date falls on the holiday or weekend, your account will be debited on the next business day. The payment amount will vary with the charges in water/sewer consumption.

ELECTRONIC FUND TRANSFERS CAN ONLY BE DONE WITH BANKS IN THE UNITED STATES.