

For office use:

City of Spearfish

Account # _____

Completion Date _____ By _____

ACH current balance? YES NO

TCM

CITY OF SPEARFISH **AUTHORIZATION FOR DIRECT PAYMENT**

I authorize the City of Spearfish and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify the City in writing to cancel it is such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying the City Finance Office three (3) days before my account is charged.

Name- *Please Print* _____

Property Address- *Please Print* _____

Billing Address (if different than property address) _____

Sign me up for paperless billing! Email _____

For Credit or Debit



Credit Card # _____ 3 Digit CVV _____ Exp Date _____

For Checking or Savings

Name of Financial Institution _____

City _____ State _____ Zip Code _____

Bank Account Number _____ Checking ____ Savings ____

Financial Institution Routing Number _____

Between these symbols |: |: on the bottom left of your check

Signature _____ **Date** _____

PLEASE ATTACH A VOIDED CHECK
(If applicable)