

**CONSUMER AUTHORIZATION
FOR DIRECT PAYMENT**

I (we) hereby authorize **Mellette City**, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called DEPOSITORY, to debit the same to such account. This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

DATE	NAME (PRINT)	FINANCIAL INSTITUTION NAME
EMPLOYEE NUMBER/SS#	ACCT NUMBER	FINANCIAL INSTITUTION ADDRESS

Signature

CHECK ONE:

I am not currently participating in the Direct Payment Program
☐ NEW – Deduct payment from the account shown.

I am currently participating in the Direct Payment Program
☐ CHANGE – Change financial institutions and/or account number.*
☐ CANCEL – Stop my participation in the program.

* Due to the time required for COMPANY and bank processing, allow one or two months for processing.

IMPORTANT! CHECK TYPE OF ACCOUNT: ☐ CHECKING ☐ SAVINGS

TAPE YOUR VOIDED CHECK HERE