

**CITY OF HERREID**  
P O BOX 676  
102 MAIN ST. N.  
HERREID, SD 57632  
605-437-2302

I authorize the CITY OF HERREID to initiate electronic debit entries to my

\_\_\_\_\_ Checking Account (or)

\_\_\_\_\_ Savings Account

for payment of my utility bill.

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

This authority will remain in effect until I have cancelled it in writing.

**Customer Name** \_\_\_\_\_

**Service Address** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Account** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Financial Institution (Please Print)** \_\_\_\_\_

**Financial Institution Routing #** \_\_\_\_\_

**Financial Institution Account #** \_\_\_\_\_

**Financial Institution City and State** \_\_\_\_\_

**Please include a voided check**

Return this completed form to the City of Herreid finance office with a blank voided check or mail to the above address.

You may also pick up an application at the finance office.

For questions or help filling out this form, you may contact the finance office at (605) 437-2302 M-F