

AUTHORIZATION FOR DIRECT PAYMENT

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

Name – Please Print

Telephone number

Address – Please Print

City, State, Zip Code – Please Print

Name of Financial Institution

Branch

Account Number

Checking Savings

Financial Institution Routing Number

Signature

Date

(Office Use Only)

Service Address

Account No

Date information entered

Entered by