

AUTHORIZATION FOR DIRECT PAYMENT

I authorize the **City of Salem** to initiate entries to my checking/savings account. This authority will remain in effect until I notify the City of Salem in writing to cancel it in such time as to afford them 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. I understand the amount and date of such entries will vary based on the amount of water used which affects the total bill. I also understand that I will receive an invoice from the City of Salem, which will serve as notification of the amount owed and therefore, authorized to be withdrawn from my account listed below.

Financial Institution Name: _____

Routing Number: _____ (9-digit number on bottom left of your check)

Account Number: _____ Checking Savings

Name: _____ (Please Print)

Address: _____
(Street, City, State, Zip)

Customer #: _____

Signature: _____ Date: _____

(Please attach a copy of a voided check or copy of savings deposit slip)

(cut along this line)

PLEASE RETAIN THE LOWER PORTION FOR YOUR RECORDS

On _____ I authorized
(Date)

City of Salem
PO Box 249
Salem, SD 57058
(605) 425-2301

to initiate electronic entries to my checking/savings account and have agreed that I understand the amount and date of such entries will vary based on the amount of water used which affects the total bill. I also understand that I will receive an invoice from the City of Salem, which will serve as notification of the amount owed and therefore, authorized to be withdrawn from my account. I may revoke my authorization with the City of Salem at any time by writing to the address above, understanding notification must be made in such time as to afford them a reasonable opportunity to act on it.

Regular Payment Date: Water Works Billing Due Date – 10th of each month.
(If the 10th falls on a Saturday or Sunday, the withdrawal will be made on Monday.)