

(office use only)

Service Address: _____

Account # _____

Route & Meter #: _____



P.O. Box 158 - Whitefish, MT 59937 - (406) 863-2457 - Fax: (406) 863-2409

ELECTRONIC FUND TRANSFER PAYMENT—AUTHORIZATION FORM

I authorize, until further written notice, the City of Whitefish to initiate variable monthly debit entries to my checking/savings account on the _____ 10th day of each month for my water, sewer, and garbage bill for the following address(es) _____.

This authority will remain in effect until I notify the City of Whitefish in writing to cancel it in such time as to afford the city a reasonable opportunity to act on it. The City is not responsible for any overdraft or other bank fees for non-sufficient funds related to the processing of payment under these terms. Amounts received will be applied to the account associated with this authorization.

Staple or Tape Voided Check Here

Please sign name(s) exactly as you do on your checks

Signed: _____ Printed Name: _____

Date: _____

Signed: _____ Printed Name: _____

Date: _____

NOTE: If the payment draft date falls on the holiday or weekend, your account will be debited on the next business day. The payment amount will vary with the charges in water/sewer consumption.

IMPORTANT: PLEASE ENCLOSE A BLANK, VOIDED CHECK SO WE CAN OBTAIN THE NECESSARY ROUTING AND ACCOUNT NUMBERS!

ELECTRONIC FUND TRANSFERS CAN ONLY BE MADE WITH BANKS IN THE UNITED STATES!