

## DIRECT PAYMENT AUTHORIZATION FORM

I (we) authorize, until further written notice, the City of Baker to initiate variable monthly debit entries to my (our) checking account on the **twenty fifth (25)** day of each month for my current water bill.(and, if necessary, to electronically credit my (our) account to correct erroneous debits)

I (we) understand that this authorization will remain in effect until I (we) notify the City of Baker in writing to cancel it in such a time as to afford the City of Baker a reasonable opportunity to act on it. I (we) can stop payment of any entry by notifying my financial institution **3 days** before my account is charged. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the U.S. law.

Name(s): \_\_\_\_\_  
(Please Print)

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** If the payment draft falls on a holiday or weekend, your account will be debited on the next business day. The payment amount will vary with changes in water consumption. **PLEASE RETURN THIS FORM WITH AN UNSIGNED, VOIDED CHECK DRAWN ON THE ACCOUNT YOU WISH TO HAVE DEBITED. SEND FORM TO: City of Baker, PO Box 1512, Baker, MT 59313-1512.**