



Consumer Authorization for Direct Payment via ACH

Please complete this form and **return with voided check or verification information from your Financial Institution.**

Direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment.

Check one: **Begin Payment** **Change Information** **Update Authorization**

I (we) authorize BankWest Bank, on behalf of the City of Summerset, to electronically debit my (our) account and, if necessary, to electronically credit my (our) account to correct erroneous debits as follows:

Checking Account at the Financial Institution named below ("DEPOSITORY"). I (we) agree that ACH transactions I (we) authorize comply with the laws of the United States and all applicable law.

Depository (bank) name: _____

Routing number: _____ **Account number:** _____

Name(s) on the account: _____

Service (home) Address: _____

Primary Telephone number: _____ **Secondary Telephone number:** _____

Debit transaction frequency:

Recurring Entries (entries that recur at substantially regular intervals, without further affirmative action by the Receiver)

Date of first debit: _____

Number of and/or frequency of debits: Monthly The debit entry will have an effective date **the 20th of the month** during which the bill is due. If this day falls on a non-business day, the effective date will be **the following business day**.

Authorized debit amount (or method for determining amount): **Total amount** as reflected on the billing statement prepared by the City of Summerset Finance Department.

If all or any portion of the ACH Debit should be returned or dishonored by my bank for any reason, I understand that I must submit that payment along with any applicable fees to the City of Summerset by check, cash, or money order.

I (we) understand that this authorization will remain in full force and effect until I (we) notify City of Summerset, **in writing, by phone at (605)718-9857, or in person at 7055 Leisure Lane**, that I (we) wish to revoke this authorization. I (we) understand that the City of Summerset **requires at least 10 days prior notice** in order **to cancel this authorization**.

Name(s): _____

(Please Print)

Date: _____ **Signature(s):** _____

Please sign me up to receive bills by email. _____