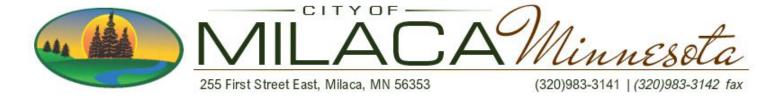
Account #



DIRECT PAYMENT APPLICATION

I authorize the CITY OF MILACA to initiate electronic debit entries to my _____ Checking Account (or) _____ Savings Account for payment of my utility bill.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

Customer Name	Service Address	
Signature	Date	
Financial Institution (Please Print)		
Financial Institution Routing Number		
Financial Institution Account Number		
Financial Institution City and State		

Please include a voided check or other printout from your financial institution showing your account and routing number.

Direct payments will be processed on the 15th of each month or the next business day. If you wish to cancel this agreement, notification must be submitted in writing by the 5th of the month. If you stop payment with your financial institution, without notifying the City of Milaca, you will be subject to all charges applicable to a payment returned for insufficient funds. If a direct payment is submitted to your account and there are insufficient funds, your payment will be handled as insufficient funds and subject to all applicable fees. I understand the above stated provisions and agree to these terms in regard to direct payment for the City of Milaca.