

STAPLE VOIDED CHECK HERE →

AUTHORIZATION FOR AUTOMATIC PAYMENT

I authorize the City of Huron and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution and the City of Huron billing department 3 working days before my account is charged.

(PLEASE PRINT)

Financial Institution _____ Branch _____

Name _____ Phone # _____

Service Address _____ City Account # _____

Signature _____ Date _____

Bank Account # _____ Checking ___ Savings ___

Financial Institution Routing Number _____

(Between these symbols | : | : on the bottom left of your check)

.....
Detach here and keep the bottom portion for your records

**CITY OF HURON
MUNICIPAL UTILITIES
PO BOX 1369
HURON SD 57350**

You will still receive your bill around the first of the month. The only difference is that your bill will say, **“DO NOT PAY – PAID BY BANK”**. **Payments will go through the bank on the second Wednesday of each month.** If you have any questions please call 353-8504.