

CITY OF HARDIN
WATER/SEWER UTILITIES
406 N CHEYENNE AVE
HARDIN MT 59034
406-665-9260

Authorization Agreement of Direct Payments Automated Clearing House (ACH) Debits

We authorize the City of Hardin Water/Sewer Department to initiate the ACH transaction to our account at the depository financial institution named below.

FINANCIAL INSTITUTION _____
BRANCH _____
CITY _____ STATE _____ ZIP _____
ROUTING NUMBER _____ ACCOUNT NUMBER _____
TYPE OF ACCOUNT: CHECKING _____ SAVINGS _____

This authorization is to remain in full force and effect until The City of Hardin Water/Sewer Dept. has received **written notification** of its termination from the customer. See attached "Request to Terminate."

I realize the (10TH) day of month and amount may differ & authorize you and the financial institution to initiate electronic entry to my account. _____ (please initial)

Any disputes or questions regarding the bill need to be addressed to the City of Hardin by the 5th of the following month or the next available working day.

Any account that does not have the required funds available will be charged a \$20.00 fee.

CUSTOMER ACCOUNT NUMBER _____
CUSTOMER OR BUSINESS NAME _____
AUTHORIZING OFFICIAL (PLEASE PRINT) _____
CUSTOMER SIGNATURE _____ DATE _____

**IMPORTANT: PLEASE ATTACH A VOIDED CHECK TO THIS FORM
PLEASE COMPLETE THE FORM, SIGN, DATE AND RETURN TO THE CITY OF HARDIN**

PLEASE ENCLOSE A PAYMENT WITH THIS FORM. AUTO-PAY WILL START WITH YOUR NEXT BILL.