

CITY OF BALTIC

PO BOX 327
Baltic, SD 57003

BANK DEBIT/ACH WITHDRAWAL APPLICATION

First Name _____

Last Name _____

Address _____

City/State/Zip _____

Phone # _____ Alt Phone # _____

Email _____

Financial Institution _____

Routing Number _____

Account Number _____

Bank Address _____

Please include a voided check:

I authorize the CITY OF BALTIC 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.

Signature _____ Date _____