

Service Address: _____
Account # _____



P.O. Box 158 - Whitefish, MT 59937 - (406) 863-2457 - Fax: (406) 863-2419

ELECTRONIC FUND TRANSFER PAYMENT—AUTHORIZATION FORM

I authorize, until further written notice, the City of Whitefish to initiate variable monthly debit entries to my checking/savings account on the 10th day of each month for my water, sewer, and garbage bill for the following address(s) _____.

This authority will remain in effect until I notify the City of Whitefish in writing to cancel it in such time as to afford the city a reasonable opportunity to act on it. The City is not responsible for any overdraft or other bank fees for non-sufficient funds related to the processing of payment under these terms. Amounts received will be applied to the account associated with this authorization.

PLEASE MAIL TO: CITY OF WHITEFISH, PO BOX 158, WHITEFISH, MT 59937-0158

**Staple or Tape a Voided
Check Here**

Please sign name(s) exactly as you do on your checks

Signed: _____ **Printed Name** _____

Date: _____

Signed: _____ **Printed Name** _____

Date: _____

NOTE: If the payment draft date falls on the holiday or weekend, your account will be debited on the next business day. The payment amount will vary with the charges in water/sewer consumption.

IMPORTANT: PLEASE ENCLOSE A BLANK, VOIDED CHECK (for checking) OR A BANK LETTER (for savings) SO WE CAN OBTAIN THE NECESSARY ROUNTING AND ACCOUNT NUMBERS!

ELECTRONIC FUND TRANSFERS CAN ONLY BE MADE WITH BANKS IN THE UNITED STATES!