

# City of Glen Ullin

## Automatic Payment Enrollment Form

Complete and return to:  
 City of Glen Ullin  
 PO Box 70  
 Glen Ullin, ND 58631-0070

Effective Date				Water Bill Account Number			
Name:							
Financial Institution Name (Bank, Savings Institution, Credit Union, etc.)						Type:	
						<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Transit Routing Number (must be 9 numbers)				Account Number			
I (we) hereby authorize the City of Glen Ullin to initiate debit entries to my (our) account with the financial institution listed above. This authority is to remain in full force until the City of Glen Ullin receives written notification from me (or either of us), of its termination in such time and manner as to afford the City of Glen Ullin reasonable opportunity to act upon it. If any of my (our) above information changes, I will promptly complete a new authorization agreement. Accountholder acknowledges that the origination of ACH transactions to the account must comply with the provisions of U.S. law.							
Signature				Date		Phone Number	

