



TOWN OF EKALAKA

103 N Main St
Ekalaka, MT 59324
(406) 775-8731

Authorization for Automatic Payments

Customer Name: _____

Email Address: _____

Physical Address: _____

Mailing Address: _____

Payment Date: 15th of each month

I hereby authorize the above-named company, Town of Ekalaka, to initiate debit entries and if necessary, credit entries and adjustments for any debit entries in error to my:

Checking Account or Savings Account

indicated below and the financial institution named below.

Financial Institution

Account Number

Please include a picture of your checking account check blank or savings account deposit slip for verification.

|: :|

Routing Number

Account Number

This authority is to remain in full force and effect until the Town of Ekalaka has received written notification from me of its termination in such time and in such manner as to afford the Town of Ekalaka a reasonable opportunity to act on it.

Signature

Date