



# DIRECT PAYMENT APPLICATION

City of North Sioux City

504 River Drive

North Sioux City, SD 57049

Phone (605) 232-4276 Fax (605) 232-0506

### How the Direct Payment Plan Works:

Payments are made through a preauthorized transfer. The authority you give to the City to charge your account will remain in effect until you notify the City *in writing* to terminate the authorization.

You authorize regularly scheduled payments to be withdrawn, from your checking or savings account, on the 10<sup>th</sup> of each month, prior to the due date. Proof of payment will appear on your next statement.

Account Number \_\_\_\_\_

(PLEASE PRINT CLEARLY)

NAME: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE/ZIP: \_\_\_\_\_

PHONE NUMBER: HOME \_\_\_\_\_ CELL \_\_\_\_\_ WORK \_\_\_\_\_

BANK NAME: \_\_\_\_\_

BRANCH: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE/ZIP: \_\_\_\_\_

ROUTING NUMBER (9 digits):

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The routing number is found at the bottom left of your check between these symbols | : | :

ACCOUNT NUMBER:  Checking  Savings \_\_\_\_\_

PLACE VOIDED CHECK HERE

I authorize the City of North Sioux City, and the financial institution named above, to initiate entries to the checking/savings account listed above. This authority will remain in effect until I notify the City of North Sioux City *in writing* to cancel it in such a time as to afford the City and the financial institution a reasonable opportunity to act on my request.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**CONTINUE TO PAY YOUR UTILITY BILL UNTIL YOUR BILL IS STAMPED "AUTOMATIC PAYMENT/KEEP FOR YOUR RECORDS."**