

Automatic Bank Pay Authorization

I (we) authorize the City of De Smet and the financial institution named below to debit my (our) account in the manner explained below. This authority will remain in effect until I (we) give the City of De Smet written notification of the termination of this authorization.

Checking Account Number or Savings Account Number
(Please Attach voided check)

Make Payment Withdrawal on the 20th day of each month.

Name: (please print) _____

Signature _____

Signature _____

Telephone Number _____

Date: _____

** If you have a joint bank account requiring a second signature, please have the other person sign name on second signature line.

Thank you

City of De Smet
106 Calumet Ave.
Po Drawer 70
De Smet, SD 57231
(605)-854-3731