

City of Crooks
701 S West Ave / PO Box 785
Crooks, SD 57020



Phone: 605-543-5237
Fax: 605-543-6438
www.cityofcrooks.net

AUTHORIZATION FOR DIRECT PAYMENT

I authorize the City of Crooks to initiate electronic debit entries to my _____ checking (or) _____ savings account for the payment of my utility bill.

I acknowledge that the origination of ACH transactions to my account must comply with the provision of U.S. law. This authority will remain in effect until I notify you in writing to cancel it.

Total amount due will be withdrawn on the 25th day of each month or the next business day if the 25th falls on a weekend or holiday.

Customer Name _____

Service Address _____

Utility Account # (optional) _____

Phone _____

Customer Signature _____ Date _____

Name of Financial Institution _____

Financial Institution City and State _____

Financial Institution Routing Number _____

Financial Institution Account Number _____

Please include a voided check

OR

Have a representative of your financial institution complete the form and provide the account information along with their name, title, and signature.