

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Total amount due will be withdrawn on the 25<sup>th</sup> day of each month or the next business day if the 25<sup>th</sup> 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.**