

The Town of Oacoma is pleased to offer you the convenience of an Automatic Payment Plan. This plan allows you the option to have your monthly charges for city services automatically deducted from your checking or savings account. Enrollment is voluntary and subject to the terms listed below. To take advantage of this service, complete the authorization form below and return it to the Oacoma City Finance Office along with a voided check. Please call 734-4455 if you have any questions regarding enrollment in the Automatic Payment Plan.

AUTOMATIC PAYMENT AUTHORIZATION

TOWN OF OACOMA, P O BOX 129, OACOMA, SD 57365
(605) 734-4455

PLEASE CHECK ONE: NEW CHANGE CANCEL

NAME OF PAYEE: _____
 Last First Middle

PAYEE ADDRESS: _____
 P O Box or Street City State Zip

PAYEE PHONE #: () - _____

ACCOUNT INFORMATION: (complete only for new requests or changes)

TYPE OF ACCOUNT (check one only) Checking Account Savings Account

Your Financial Institution's Routing Number: _____

Your Account Number: _____
 (Important: Attach a voided check or letter from your financial institution to verify account and ABA routing numbers)

Financial Institution Name: _____

Address: _____ Phone: () - _____

City: _____ State: _____ Zip: _____

AUTHORIZATION: (check appropriate line)

I hereby authorize the **Town of Oacoma** and the financial institution named above to initiate entries to my checking/savings account. This authority will remain in effect until I notify the Oacoma Finance Office in writing to terminate the authorization.

I understand that I will continue to receive my monthly billing statement for city services marked "Paid by Bank". Payment of my statement charges will be made automatically on the 2nd business day of the month following the issue date of my monthly billing statement. Proof of payment will appear on my bank statement and will be reflected on my next billing statement.

I hereby cancel my Automatic Payment Authorization.

Signature

Date

Please attach a voided check.