

Authorization for Direct Payment via ACH
Town of Oacoma, P O Box 129, Oacoma, SD 57365; (605) 734-4455

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 (605) 734-4455 if you have any questions regarding enrollment in the Automatic Payment Plan.

Direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment.

Check one: Begin Payment Change Information

I (we) authorize the **Town of Oacoma** to electronically debit my (our) account and, if necessary, to electronically credit my (our) account to correct erroneous debits as follows: (select one)

Checking Account Savings Account

at the depository Financial Institution named below ("DEPOSITORY"). I (we) agree that ACH transactions I (we) authorize comply with all applicable laws.

Depository name: _____

Routing number: _____ **Account number:** _____

Name(s) on the account: _____

Debit transaction frequency: Recurring Entries (Entries that recur at substantially regular intervals, without further affirmative action by the Receiver.)

Date of debit (if Single Entry) or date of first debit: 2nd business day of month following billing statement date.

Number of and/or frequency of debits: Once per month.

Authorized debit amount (or method for determining amount): **Monthly billed amount.**

I (we) understand that this authorization will remain in full force and effect until I (we) notify the Town of Oacoma in writing, by phone, or in person at 100 E 3rd St, Oacoma, SD, that I (we) wish to revoke this authorization. I (we) understand that Town of Oacoma requires at least 7 days prior notice in order to cancel this authorization.

Name(s): _____
(Please Print)

Date: _____ Signature(s): _____

Please attach a voided check.