

**CITY OF PHILIP
ACH - DIRECT PAYMENT PLAN**

The City of Philip is pleased to offer you the ease and convenience of a Direct Payment Plan. Now you can have your payment for City utilities made automatically from your checking or savings account.

Advantages of a Direct Payment Plan:

- It saves time – fewer checks to write.
- It saves postage.
- No lost or misplaced statements, your payment is always on time.
- No late fees
- Helps meet your commitment in a convenient and timely manner – even if you're on vacation or out of town.

Here's how the Direct Payment Plan works:

You authorize regularly scheduled payments to be made to the City from your checking or savings account. You will receive your utility bill as usual, marked "Bank Draft". Your payments will be made to the City automatically on the 10th of each month or the next business day if the 10th falls on a weekend or holiday. Proof of payment will appear with your bank statement. In the event that payment is denied due to Non Sufficient Funds (NSF), your utility account will be billed a NSF charge of \$40.

The authority you give to the City to charge your account will remain in effect until you notify us in writing to terminate the authorization.

The Direct Payment Plan is dependable, flexible, convenient and easy. To take advantage of this service, complete the authorization form below and return it to us with one of the following: a voided check, a preprinted deposit slip, or a savings withdrawal.

City of Philip
140 S. Howard Ave. 4th Floor
PO Box 408
Philip, SD 57567 0408

AUTHORIZATION FOR DIRECT PAYMENT

I (we) authorize the **City of Philip, S.D.** and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I (we) notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution three (03) days before my account is charged.

(NAME OF FINANCIAL INSTITUTION) (BRANCH)

(CITY) (STATE) (ZIP CODE)

(NAME – PLEASE PRINT)

(STREET & MAILING ADDRESS – PLEASE PRINT)

Account No. _____ Checking Savings

Financial Institution Routing Number _____
(between these symbols I : I : on the bottom left of your check)

Start Date: _____

If you have a joint account requiring a second signature, please have the other person sign below also.

(SIGNATURE(S)) (DATE)