



# COMMERCIAL ACCOUNTS DIRECT PAYMENT APPLICATION

City of North Sioux City  
504 River Drive  
North Sioux City, SD 57049  
Phone (605) 232-4276 Fax (605) 232-0506

## COMPLETE THE FOLLOWING APPLICATION FORM FOR DIRECT PAYMENT WITHDRAWAL

### How the Direct Payment Plan Works:

You authorize regularly scheduled payments to be withdrawn from your checking or savings account. Your payments will be drawn the 10<sup>th</sup> of each month, prior to the due date. Proof of payment will appear on your next statement.

Payments are made through a preauthorized transfer. The authority you give to the City to charge your account will remain in effect until you notify the City *in writing* to terminate the authorization.

(PLEASE PRINT)

ORGANIZATION: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE/ZIP: \_\_\_\_\_

PHONE NUMBER: HOME \_\_\_\_\_ CELL \_\_\_\_\_ WORK \_\_\_\_\_

BANK NAME: \_\_\_\_\_

BRANCH: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE/ZIP: \_\_\_\_\_

ROUTING NUMBER (9 digits): 

--	--	--	--	--	--	--	--	--

The routing number is found at the bottom left of your check between these symbols | : | :

ACCOUNT NUMBER:  Checking  Savings \_\_\_\_\_

The account number immediately follows the routing number. Please do NOT include the check number.

I/we, on the behalf of \_\_\_\_\_ (ORGANIZATION), authorize the City of North Sioux City, and the financial institution named above, to initiate entries to the checking/savings account listed above. This authority will remain in effect until I/we notify the City of North Sioux City *in writing* to cancel it in such a time as to afford the City and the financial institution a reasonable opportunity to act on my/our request. I/we can stop payment of any entry by notifying the City eight (8) days before the statement due date.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**CONTINUE TO PAY YOUR UTILITY BILL UNTIL YOUR BILL IS STAMPED  
"AUTOMATIC PAYMENT/KEEP FOR YOUR RECORDS."**