

Municipal Utilities Department

901 Fourth Avenue Southwest
WATERTOWN, SOUTH DAKOTA 57201-4107
PHONE (605)882-6233 FAX (605)882-6238

Authorization For Automatic Bank Payment

Bank Name (and office if any) _____ City _____ State _____

Customer Utility Account Number(s) List all if for more than one account _____

Last Name _____ First Name _____ Daytime Phone Number _____

Return this form with a voided check

Please return all information by the 15th of the month to start withdrawal on the following month.

**You will receive your utility billing as usual, however the bill will have the notation of
'PAP Do Not Pay' printed on it.**

I authorize the Watertown Municipal Utilities Department to initiate charges and the bank named above to charge same to my checking account monthly in the amount of my utility bill. This authority will remain in effect until I notify the Municipal Utilities in writing to cancel it in such time as to afford the Municipal Utilities a reasonable opportunity to act on it. My account will be charged the amount due on my utility bill on or approximately the 10th of each month.

Signature _____ Date _____

**If you would be interested in the Budget billing Program please check here _____
We will send you a letter letting you know what that amount will be.**

_____ Office Use Only _____

Month to begin ACH _____

Initials _____