

Town of West Yellowstone
10 S. Faithful Street . PO BOX 1570 . West Yellowstone, MT 59758

Town of West Yellowstone ACH Authorization

Date: _____

New

Update

Delete

Customer Utility Account Number(s): _____

Name: _____

Service Address: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Settlement Information

Bank Name: _____

Bank Address: _____

City: _____ State: _____ Zip: _____

Account Owner(s): _____

Account Type: -Checking

-Savings

Routing # (9 digits) _____

Account # _____

****This form **must** enclose a VOIDED CHECK or Bank Letter ****

I (We) understand that the Town of West Yellowstone, hereinafter referred to as the "Town" will initiate debit and/or credit entries to/from my (our) checking account for services rendered, products purchased and/or reimbursements; and so authorize said entries as they occur. These debit/credit entries will be initiated by the Town on the 25th day of each month following the utility service provided and/or purchase. I (We) understand that charges declined by the financial institution which maintains this checking account will constitute a lack of payment to the Town and it is my responsibility to provide a valid form of payment by the billed due date.

I hereby authorize the Town to initiate electronic entry from the account listed above. This authority shall remain in effect until I notify the Town in writing in a timely matter in which there is time to act that I wish to cancel authorization. The undersigned represents and merits to the Town that the person executing this release is an authorized signatory on the account referenced above and all information regarding the account and account owner is true and correct.

_____/ /

Account Owner(s) Signature(s)

Date

Print Name(s) and Title (if applicable)

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I hereby cancel my authorization for ACH transactions with The Town of West Yellowstone for the following accounts:

Same as information listed on page one

Or

Customer Utility Account Number(s): _____

Service Address(s): _____

Settlement Information

Bank Name: _____

Bank Address: _____

City: _____ State: _____ Zip: _____

Account Owner(s): _____

Account Type: -Checking -Savings

Bank Address: _____

City: _____ State: _____ Zip: _____

Routing # (9 digits) _____

Account # _____

_____ / ____ / ____

Account Owner Signature

Effective Date