

PO Box C 514 Briggs Ave S Park River, ND 58270-0702 Ph. 701- 284-6150 Fax 701- 284-6830 www.cityofparkriver.com

ACH Auto Pay Plan

Resident Name:	
Service Address:	
CheckingSavings	
Financial Institution:	
Name on Bank Account:	
Routing Number:	
Bank Account Number:	
NOTICE: PLEASE READ BEFORE SIGNING	
***I agree to allow the City of Park River to debit my bank account and apply the debited amount to my utility bill. This debit will be taken out on the 15th of each month. Should the 15th fall on a Saturday or Sunday the payment will come out on Friday the 14th or Monday the 16th. I have provided my current account information and attached a voided check. I understand this authorization will remain in effect until I give notice to cancel this service. ***If my payment should be returned to the City due to non-sufficient funds in my bank account, I agree to pay the \$35 NSF fee that will be applied to my utility account. I also understand that if my payment should be returned a second time, the City will remove my bank information from my account and payment will need to be made by an alternate way. ***The City of Park River will not be held responsible for any overdraft fees associated with ACH Transactions. ***Please attach a voided check with this form.	
Signature: Date:/_	/
Signature: Date:/_	
Office Use Only	
Utility Account #: File Type: Residential Business Initials:	