



City of Ellendale
P.O. Box 267
Ellendale, North Dakota 58436

Ph: 701-349-3252 Fax: 701-349-3333
ellendal@drtel.net

Application for Automatic Withdrawal Authorization

I (we) authorize the origination of ACH transactions from my (our) account:

Name on Utility Bill (Print): _____

Service Address: _____

Phone number: __ (H) _____ (C) _____

Email Address: _____

Please take my payment from my: Checking Number: _____

***Please attach a copy of a voided check for verification of account information.**

Name of Financial Institution _____

Institution Routing Number _____

Authorized Signature _____

Date _____

The City of Ellendale may cancel this agreement at any time. If you wish to cancel the agreement you must notify City Hall in writing 30 days prior to the next payment date.

Official Use Only	Date Entered: _____
Initial by: _____	First Deduction: _____