

# BUTTE MEADE SANITARY WATER DISTRICT

PO BOX 5  
NEWELL, SD 57760  
605-456-2288

## DIRECT PAYMENT APPLICATION

I authorize BUTTE MEADE SANITARY WATER DIST to initiate electronic debit entries to my \_\_\_\_\_ Checking Account (or) \_\_\_\_\_ Savings Account for payment of my utility bill.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

**Customer Name** \_\_\_\_\_ **Service Address** \_\_\_\_\_

**Account** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Financial Institution (Please Print) \_\_\_\_\_

Financial Institution Routing Number \_\_\_\_\_

Financial Institution Account Number \_\_\_\_\_

Financial Institution City and State \_\_\_\_\_

Please include a voided check.  
Funds will be withdrawn on the 5th of each month.