Processed by:	
Date:	



Stamp
Date
Received

Automatic Payment Authorization Water & Sewer Utility Billing

By completing and returning this form to our office, your monthly water/sewer utility bill will be automatically withdrawn from your bank account on the due date of each month (typically around the 11th). You will continue to receive your bill as usual, allowing you time to contact the City with any questions before your payment is processed. Once the bill cycle has been processed we are unable to stop a bill from being deducted.

Please complete this form, attach a VOIDED check and return it to City of Hill City, PO Box 395, 243 Deerfield Rd., Hill City, SD 57745. If you have any questions, please contact (605) 574-2300.

•	Customer Name:	
		on City utility bill)
•	Service Street Address:	
•	Utility Account Number:	
•		te: Phone:
•	Email:	
entr and Hill G and oppo	ry from my□Checking or□Sav the amount may differ. The au City has received written notifi in such manner as to afford t	and the financial institution listed below to initiate electronic vings Account (Please check one). I realize the day of the month othorization is to remain in full force and effect until the City of cation from me (or either of us) of its termination in such time the City of Hill City, and the financial institution, a reasonable and if payment is denied by my financial institution, I will be
Sign	ature:	Date:
Fina	ncial Institution Name/Branch	
Rout	ting Number:	Account Number

Please attach a voided check