

DIRECT PAYMENT AUTHORIZATION FORM

RETURN COMPLETED FORM WITH VOIDED CHECK TO:

CITY OF MONTESANO
112 N. MAIN STREET
MONTESANO, WA 98563
(360) 249-3021

I hereby authorize the City of Montesano, WA to initiate withdrawals from my account at the financial institution named in this application for payment of my monthly bills to the City of Montesano. This authorization will remain valid until either I, the City of Montesano, or my financial institution revoke it.

I understand that the Direct Payment program is an alternative method of payment only and does not otherwise affect my rights or the rights of the City of Montesano or my financial institution with respect to each other. I further understand that the City of Montesano and my financial institution reserve the right to terminate the Direct Payment plan and/or my participation in it.

This authorization is to remain in full force and effect until the City of Montesano has received written notification from me (or either of us) of its termination in such time and manner as to the City of Montesano and Financial Institution a reasonable opportunity to act on it.

Name of Financial Institution	Checking or Savings	Bank Routing Number	Bank Account Number

Account Holder Signature Date

Joint Account Holder Signature Date

Phone Number

For the City of Montesano to verify bank account and routing numbers, account holders should **attach a VOIDED CHECK** for each account holder account to be debited. The City of Montesano and account holders should retain completed copies of this form for their records.

City of Montesano Account# _____

Direct payment transaction will be processed on the 14th day of each month.