



City of Colstrip  
PO Box 1902  
Colstrip, MT 59323  
(406) 748-2300

*Tomorrow's Town .. Today!*

## Authorization for Automatic Payments

Customer Name:

Utility Account Number: \_\_\_\_\_

Customer Phone Number: \_\_\_\_\_

Email Address:

Physical Address:

I authorize the City of Colstrip and the financial institution listed below to initiate electronic debit entries and, if necessary, credit entries and adjustments for any debit entries made in error to my bank account indicated below. **Debit entries will be made on the 15<sup>th</sup> day of each month.** If the payment draft date falls on a holiday or weekend, the account will be debited the next business day.

Financial Institution

Telephone Number

Address

City

State

Zip

Checking Account

Savings Account

Routing Number

Account Number

### OR ATTACH A VOIDED CHECK

This authority is to remain in full force and effect until the City of Colstrip has received written notification from me of its termination in such time and in such manner as to afford the City of Colstrip a reasonable opportunity to act on it.

Signature

\_\_\_\_\_  
Date

\* Please Save as PDF, Then email this form to:  
[cityclerk@cityofcolstrip.com](mailto:cityclerk@cityofcolstrip.com)