

If you are submitting this form via email, send the filled out form as an attachment to kpowell@montesano.us, and also attach a scanned copy of a voided check with your email.

DIRECT PAYMENT Authorization Form

If submitting by mail, Return completed form with voided check
to: **Montesano City Clerk Office**
City of Montesano
112 N Main St., Montesano, WA 98563

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 Company. This authorization will remain valid until either I, the Company, 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 Company or my financial institution with respect to each other. I further understand that the Company and my financial institution reserve the right to terminate the Direct Payment plan and/or my participation in it.

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

Name of Financial Institution	Checking or Savings	Bank Routing Number	Bank Account Number	Fixed Amount (Optional)

Account Holder Signature Date

Joint Account Holder Signature Date

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

City of Montesano Acct. # _____

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