



**CITY OF BRANDON**

304 Main Avenue, P.O. Box 95, Brandon, SD 57005  
Telephone: (605) 582-6515 FAX: (605) 582-6831

We are pleased to offer you a Direct Payment Plan for your water and sewer bills. Now you can have them deducted automatically from your checking or savings account. The Direct Payment Plan is dependable, accurate, convenient and easy. Best of all, it is free and you need not worry about late charges.

Here’s how the Direct Payment Plan works. Using the form below, you authorize regularly scheduled payments to be made from your checking or savings account. You will continue to receive your monthly bill, which will be marked “Do Not Pay”. Your payments will be made automatically on the 15<sup>th</sup> of each month, and proof of payment will appear on your bank statement.

To take advantage of this service, complete the attached authorization form and return it to us.

1. Be sure to specify if the account is a checking or savings account;
2. Complete the financial institution information, date and sign the form, An original signature is required on the ACH form, it cannot be copied, scanned or faxed to City Hall.
3. Include a voided check for verification of all financial institution information. Deposit tickets are acceptable only for savings accounts.

If you have any questions regarding this service, please call Brandon Utility Department at 582-6515.

(Please Detach Here)

**Authorization for Direct Payment**

For payment of my water & sewer bill, I authorize the City of Brandon to initiate electronic debit entries to my checking or savings account. 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 canceled it in writing.

Checking Account # \_\_\_\_\_ **or** Savings Account # \_\_\_\_\_

Name of Financial Institution \_\_\_\_\_

Financial Institution Routing & Transit Number \_\_\_\_\_

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

Effective Date \_\_\_\_\_

City Utility Account Number \_\_\_\_\_

Date \_\_\_\_\_

Your Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Address \_\_\_\_\_