



Automatic Payment Authorization

Schedule your payment to be automatically deducted every month. Just complete and sign this form to get started. There is no charge and you may discontinue at any time. If you have any questions give us a call at the City Office (605)426-6961.

- I would like to participate in the Automatic Payment Program. I understand the monthly debit will be my total utility balance.
- CHANGE:** Please make changes to my Automatic Payment as listed below.
- STOP:** Please stop my Participation in the Automatic Payment Program.

Customer/Account Name: _____

Service Address: _____

Utility Billing Account #: _____ - _____ - _____

Phone Number: _____ Email Address: _____

I authorize the City of Ipswich to initiate electronic debit entries for payment of my utility bill to my:
 ___ Checking account ___ Savings account. ***ATTACH A VOIDED CHECK**

Financial Institution Name, City & State : _____

Routing Number: _____

FOR _____
⑆ 1 22 105278⑆ 6724301068⑈ 2400⑈
<div style="display: flex; justify-content: space-around; font-size: small;"> Routing Number Account Number Check Number </div>

Account Number: _____

Day of Month to withdraw payment: _____ Date of First Payment: _____
(Between 1st and 10th of the month)

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 cancelled it in writing.

Paperless Billing

- YES - I would like to receive my bill by email only
- NO - I would like to still receive a paper bill. (\$.50 Monthly Fee)

Return to: Ipswich City Office - 122 4th Street
 Mon – Fri from 8:00 AM - 5:00 PM
Located under the water tower!
 (or use our after hours drop box)

Or Mail to:
 City of Ipswich
 PO Box 586 • Ipswich, SD 57451

Signature: _____ Date: _____