

TOWN OF BASIN

209 SOUTH 4TH STREET
PO BOX 599
BASIN, WYOMING 82410

TEL: (307) 568-3331
FAX (307) 568-9352

AUTHORIZATION FOR AUTOMATIC MONTHLY BANK DRAFT (ACH)

Town of Basin Account # _____

Name _____

Address _____

City _____

State _____ Zip _____

Home Phone _____ Cell _____

MONTHLY DEBIT DATE: Payments will be withdrawn on the **10th** of each month

BANK INFORMATION

Name on Bank Account _____

Bank _____

Routing # _____ Account # _____

Checking

Savings

I hereby authorize the TOWN OF BASIN to charge my monthly utility/service fees to my bank account. In the unlikely event that any preauthorized debits are dishonored, I authorize the TOWN OF BASIN to apply a \$30.00 return item fee in addition to the monthly utility/service charges, which will be re-processed from my account within 7 calendar days of return item notification. I also acknowledge that there may be a 1.5% late penalty if payment is not processed until after the 15th of the month.

Account holder is responsible for notifying the TOWN OF BASIN immediately if information changes. If you wish to terminate this service at any time, please do so in writing **prior to the 1st of the month**. Direct all correspondence to:

TOWN OF BASIN
PO BOX 599, Basin, WY 82410
Phone: 307-568-3331 Email: townofbasin@tctwest.net or townofbasin00@tctwest.net

Signature: _____ Date: _____