

City Of Beresford



101 N. 3rd St.
Beresford, SD 57004-1796
(605) 763-2008
Fax: (605) 763-2329
forms@bmtc.net

Authorization for Automatic Payment Utility and BMTC Payments

I authorize the City of Beresford and the Financial Institution named below to initiate entries to my checkings/savings account. The authority will remain in effect until I notify you in writing to cancel the transaction.

The transaction will occur every month on the 15th unless it falls on a weekend, then it will occur on the following Monday.

Personal Information (Please Print)

Name: _____ Cell Phone Number: _____

Address: _____

Utility Account Number(s): _____

Telephone Account Number(s): _____

Financial Information (Please Print)

Name of Financial Institution: _____

Financial Institution Address: _____

Bank Account Number: _____

Bank ABA Number (Found on the bottom left side of your check): _____

Withdraw Payments Directly From My:

Checking Account (Include VOIDED Check)

Savings Account (Included VOIDED Savings Deposit Slip)

Applicant's Signature: _____ Date: _____

If the Authorization for Automatic Payment is submitted by the 20th of the month prior to the month you want withdrawn, then it will be taken out on the 15th. If not, then you will need to submit payment by: drop off, mail, or night drop.

Please return the application, and a VOIDED check or deposit slip to the City of Beresford by: email, drop off, mail, or night drop.