

**AUTOMATIC PAYMENT
AUTHORIZATION FOR AUTOMATIC PAYMENT**

I authorize Dakota Community Bank and the financial institution named below to initiate entries to my check/savings account. This authority will remain in effect until I notify you in writing to cancel in such a time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution or the City of Lincoln Auditor three (3) business days before my account is charged. I can have the amount of an erroneous charge immediately credited to my account up to fifteen (15) days following issuance of my statement or sixty (60) days after posting, whichever comes first.

NAME OF FINANCIAL INSTITUTION

(ADDRESS OF FINANCIAL INSTITUTION)

NAME (PLEASE PRINT)

SIGNATURE

DATE

(ADDRESS OF SERVICE)

CHECKING ACCT #

OR

SAVINGS ACCT #

FINANCIAL INSTITUTION AND ROUTING NUMBER

DATE OF INITIAL PAYMENT _____

CHOOSE PAYMENT WITHDRAWAL DATE:

_____ 5TH OF EACH MONTH

OR

_____ 25TH OF EACH MONTH

ON _____ I AUTHORIZED THE CITY OF LINCOLN, 74 SANTEE ROAD, LINCOLN, ND 58504 PH. 701-258-7969 to initiate electronic entries to my checking/savings account and agreed to the terms listed on the authorization, for payment of my monthly CITY OF LINCOLN utility bill. Payment will vary monthly depending on service.

****To cancel please submit request in writing to the City of Lincoln****