



TOWN OF BRIDGER

108 South D Street

Bridger, MT 59014

(406) 662-3677

Authorization for Automatic Payments

Customer Name: _____

Email Address: _____

Physical Address: _____

Mailing Address: _____

Payment Date: 10th of each month 20th of each month

I hereby authorize the above-named company, Town of Bridger, to initiate debit entries and if necessary, credit entries and adjustments for any debit entries in error to my:

Checking Account or Savings Account

indicated below and the financial institution named below.

Financial Institution

Account Number

Please include a picture of your checking account check blank or savings account deposit slip for verification.

| : : |

Routing Number

Account Number

This authority is to remain in full force and effect until Town of Bridger has received written notification from me of its termination in such time and in such manner as to afford the Town of Bridger a reasonable opportunity to act on it.

Signature

Date