



**City of East Helena**  
**ACH Authorization/Revocation Form**  
**Email Billing Authorization/Revocation Form**  
**Utility Services Department**  
**306 East Main Street / PO Box 1170**  
**East Helena, Montana 59635**  
**Phone (406) 227-5321 FAX (406) 227-5456**

**CUSTOMER AUTHORIZATION FOR DIRECT PAYMENT VIA ACH (ACH DEBITS)**

Direct payment via ACH is the transfer of funds from a customer’s bank account for the purpose of making a payment.

I (we) authorize the City of East Helena to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) as follows:

- Select One:             Initiate checking ACH payments  
                                Initiate savings ACH payments  
                                Cancel ACH payments

from the customer’s financial institution named below (“DEPOSITORY”). I (we) agree that ACH transactions I (we) authorize comply with applicable law.

Depository Name \_\_\_\_\_ (or attach a cancelled check)  
 Routing Number \_\_\_\_\_ (or attach a cancelled check)  
 Account Number \_\_\_\_\_ (or attach a cancelled check)

Bills are sent out near the first of the month for the previous month’s services. Any utility bill disputes must be resolved by the 7<sup>th</sup> of the month. The amount of the current utility bill will be debited on the 10<sup>th</sup> of the month. If the 10<sup>th</sup> lands on a weekend or holiday, the debit will occur on the following business day

I (we) understand that this authorization will remain in full force and effect until I (we) notify the City of East Helena in writing that I (we) wish to revoke this authorization. I understand that the City of East Helena requires notice of revocation by the 25<sup>th</sup> day of the month for ACH debits to cease.

**SERVICE ADDRESS** \_\_\_\_\_, East Helena, MT

**Account #** \_\_\_\_\_

**Owner’s name** \_\_\_\_\_

**Owner’s phone #** \_\_\_\_\_ **phone #** \_\_\_\_\_

**Owner’s email address** \_\_\_\_\_

- I (we) would like to receive my (our) bill by email.  
 I (we) would like to receive my (our) paper bill by regular mail.

**Customer Name(s) (printed):** \_\_\_\_\_  
 \_\_\_\_\_

**Customer Signature(s):** \_\_\_\_\_ **Date** \_\_\_\_\_  
 \_\_\_\_\_ **Date** \_\_\_\_\_

This completed form must be faxed, mailed, emailed, or hand delivered to the City Clerk’s Office in City Hall.

For more information please visit [easthelenamt.us/ebillachinfo.pdf](http://easthelenamt.us/ebillachinfo.pdf)

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

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