



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) FOR EAST HELENA UTILITY BILLS

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 7th of the month. The amount of the current utility bill will be debited on the 10th of the month. If the 10th 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 25th 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 read easthelenamt.us/ebillachinfo.pdf

Processed by: _____ Date: _____

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