City of Lead

The City of Lead is pleased to offer you the convenience of an Automatic Payment Plan. This plan allows you the option to have your monthly charges for your water services automatically deducted from your checking or savings account on the 10th of every month. Enrollment is voluntary and subject to terms listed below. To take advantage of this service, complete the authorization form below and return to Lead City Hall, 801 West Main Street, Lead SD 57754, Fax to (605)584-1407, or email to jaciee@cityoflead.com. Please call (605)584-1401 if you have any questions regarding the Automatic Payment Plan.

AUTOMATIC PAYMENT AUTHORIZATION

City of Lead, 801 West Main Street, Lead SD 57754 (605)584-1313

	Last	First	Middle
PAYEE ADDRES	SS:		
	P.O. Box or Street	City	State/Zip
PAYEE PHONE:			
CITY ACCOUNT	Γ#:		
	ACCOUNT	INFORMATIO	N
CIRCLE	ONE: CHECKING or	SAVINGS	
Your Financial In	stitution's Routing Number:		
Your Account Nu	ımber:		
(Importa	ant: Attach a voided check or letter from you	r financial institution to verify account	and ABA routing numbers)
	int: Attach a voided check or letter from you ion Name:	•	
Financial Instituti	•		
Financial Instituti Address:	on Name:		
Financial Instituti Address:	on Name:		Phone:
Financial Instituti Address:	Son Name: St		Phone:
Financial Instituti Address: City: AUTHORIZATI	Son Name: St	financial institution named abo	Phone: Zip: