



CITY OF LANGDON

Automatic Payment Enrollment Form

To enroll please complete this form and return to:

Langdon City Hall
 324 8th Ave
 Langdon, ND 58249

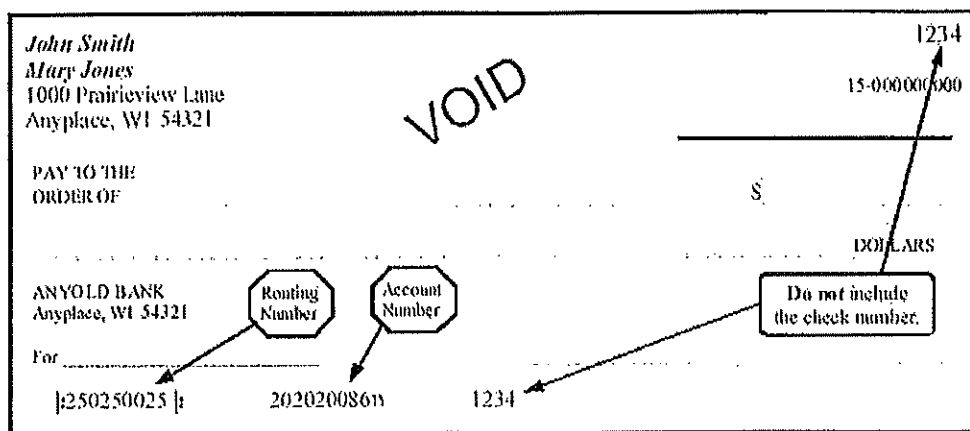
Check one of the following: <input type="checkbox"/> Start <input type="checkbox"/> Stop <input type="checkbox"/> Change	Effective Date:	City of Langdon Account Number:										
Name (Last, First, Middle Initial):												
Financial Institution Name (Bank, Savings Institution, Credit Union, etc.):												
Transit Routing Number (Must be 9 numbers):		Account Number:										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 11.1%; border: 1px solid black; height: 20px;"></td> <td style="width: 11.1%; border: 1px solid black; height: 20px;"></td> <td style="width: 11.1%; border: 1px solid black; height: 20px;"></td> <td style="width: 11.1%; border: 1px solid black; height: 20px;"></td> <td style="width: 11.1%; border: 1px solid black; height: 20px;"></td> <td style="width: 11.1%; border: 1px solid black; height: 20px;"></td> <td style="width: 11.1%; border: 1px solid black; height: 20px;"></td> <td style="width: 11.1%; border: 1px solid black; height: 20px;"></td> <td style="width: 11.1%; border: 1px solid black; height: 20px;"></td> <td style="width: 11.1%; border: 1px solid black; height: 20px;"></td> </tr> </table>												
Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings												
<i>I (we) hereby authorize the City of Langdon to initiate debit entries to my (our) account with the financial institution listed above. This authority is to remain in full force until the City of Langdon receives written notification from me (or either of us) of its termination in such time and manner as to afford the City of Langdon reasonable opportunity to act upon it. If any of my (our) above information changes, I will promptly complete a new authorization agreement.</i>												
Signature:	Date:	Daytime Phone Number:										
Home Address:	Street:	City:										
		State:										
		Zip:										

If you select to have your payment sent to your:

- **Checking account:** Tape or staple a voided or cancelled check to the bottom of this form.
- **Savings account:** Contact your financial institution to obtain its transit routing number.

Attach a voided check for checking account.

DO NOT ATTACH A DEPOSIT SLIP.



If you have any questions about this program, please feel free to contact us at:
 (701) 256-2155 or email us at city@cityoflangdon.com.