

City of Glasgow 319 3rd Street South Glasgow, MT 59230 Phone (406) 228-2476



making a pay			tunas trom a cor	nsumer account for the purpose of
Check one:		Begin Payment		Change Information
	-	lasgow to electronica my account to corre		r) account and, if necessary, to bits as follows:
_		_	•	e) at the depository Financial Institution comply with all applicable law.
Financial Instit	tution:			
Routing number:			Account number:	
Name(s) on th	ne acc	count:		
Debit transact	ion fre	equency:		
☑ Recurring Entries (entries that recur at substantially regular intervals, without further affirmative action by the Receiver)				
Authorized de	bit an	nount (or method for o	determining amo	ount):
Glasgow, 319	3rd St S	South Glasgow, MT 40	6-228-2476 that	and effect until I (we) notify City of I wish to revoke this authorization. I prior notice in order to cancel this
Name:				
			(Please Print)	
Date:		Signature:		