



# City Of Langdon

## Automatic Payment Enrollment Form

To enroll please complete form and return to:

Langdon City Hall  
324 8<sup>th</sup> Ave  
Langdon, ND 58249

START      STOP      CHANGE      DATE: \_\_\_\_\_ City Acct# \_\_\_\_\_

NAME (Last, First, Middle Initial) \_\_\_\_\_

Service Address: \_\_\_\_\_

Financial Institution: \_\_\_\_\_ Account Number: \_\_\_\_\_

Routing Number: 

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*I (we) hereby authorize the City of Langdon to initiate debit entries to my (our) account with the financial Institute listed above. This authorization 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 a reasonable opportunity to act upon it. If any of my (our)above information changes, I will promptly complete a new authorization agreement.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Attach a voided  
check for checking account  
DO NOT ATTCH DEPOSIT SLIP

