



Sturgis Utilities Department
1040 2nd Street, Suite 103
Sturgis, SD 57785
605-347-4425 * 605-347-4861 fax
www.sturgis-sd-gov

AUTOMATIC PAYMENT OPT-OUT

This form must be presented to the Sturgis Water Dept/Finance Office by the **5th** of the month to be effective for the current month's bill.

PLEASE PRINT CLEARLY

CUSTOMER LAST NAME _____

CUSTOMER FIRST NAME _____

CO-APPLICANT NAME _____

SERVICE ADDRESS _____

UTILITY ACCOUNT NUMBER _____

By signing this form, I/we (customer) opt out of the Sturgis Utilities Department using information from my bank account to make an electronic fund transfer (ACH payment).

Customer(s) Signature _____ Date _____

Signature _____ Date _____

FOR OFFICE USE ONLY:

Date Received _____ By _____ Date Effective _____

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(Not all prohibited bases apply to all programs.)"*