

Date of debit (if Single Entry) or date of first debit: _____

Number of and/or frequency of debits: Once a month on the 8th or 9th

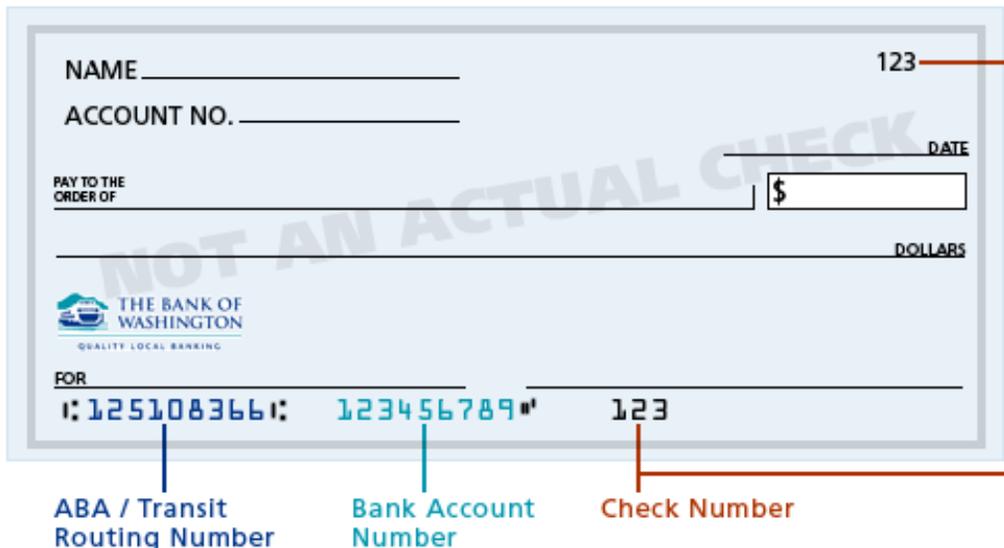
Authorized debit amount (or method for determining amount): Yankton Utility Bill Amount Due

I (we) understand that this authorization will remain in full force and effect until I (we) notify the City of Yankton Finance Office via writing that I (we) wish to revoke this authorization. I (we) understand that the City requires at least 2 weeks prior notice in order to cancel this authorization.

Name(s): _____
(Please Print)

Date: _____ Signature(s): _____

Attach Voided Check or Bank Authorization Form here:



Remit to:
City of Yankton Finance Office
PO Box 176
416 Walnut St
Yankton, SD 57078

For questions: Call (605)668-5241 or email finance@cityofyankton.org

Or complete online at <https://www.cityofyankton.org/departments-services/finance-office/utility-payment>

Office Use Only
Date Received _____ by _____
Date Entered _____