The Automatic Payment Plan will help you in several ways:

- It saves time – fewer checks to write.
- Helps meet your commitment in a convenient and timely manner – even if you’re on vacation or out of town.
- No lost or misplaced statements, your payment is always on time.
- It saves postage.
- It’s easy to sign up for, easy to cancel.

To authorize the City of Mapleton to deduct your payment automatically, fill in the information below and return to the City Office. When your bill says “Automatic Bank Payment-do not pay,” you will know your payment will be made automatically on or near the 25th of each month.

If you have any questions, we would be happy to assist you. Call us at 701.282.6992.

AUTOMATIC PAYMENT AUTHORIZATION

Complete and Mail or Deliver to
City of Mapleton * 651 2nd Street * P.O. Box 9 * Mapleton, ND  58059

I (we) authorize THE CITY OF MAPLETON, hereinafter called COMPANY, to initiate debit entries to my (our) checking and or savings account at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(PLEASE TYPE OR PRINT)

Name or Names (Last, First Middle Initial)  
Mapleton Utility Account Number

SUBMISSION OF THIS FORM MEANS YOUR UTILITY BILLING WILL BE DEDUCTED FROM THE FOLLOWING FINANCIAL INSTITUTION:

Account Type  
☐ Checking  ☐ Savings

Financial Institution Name:
Financial Institution Address:
Enter the following information from the bottom of your check or deposit slip for account #1:

ABA Bank Routing Number (Must be 9 numbers)  
Account Number

MAXIMUM DEBIT AMOUNT ALLOWED: $__________ payment amounts will vary with usage. Statements notifying you of the amount are mailed on the 1st of each month. If monthly billing is over the maximum debit amount, the City of Mapleton will notify customer to arrange payment or carryover to next month. Debits can be placed on hold on a month to month basis. Contact the City Office no later than the 15th of each month to place a hold on this debit.

Date (Mo/Day/Yr)  
Signature

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Attach a voided check or voided deposit slip for verification of routing/banking numbers.