

**CITY OF MITCHELL
ACH OPT-OUT
CUSTOMER INFORMATION**

DATE _____

CUSTOMER LAST NAME _____

CUSTOMER FIRST NAME _____

BANK ROUTING NUMBER _____

BANK ACCOUNT NUMBER _____

By signing this form, I opt out of the City of Mitchell using information from my check to make a one-time electronic fund transfer from my account or to process my payment as a check transaction (ACH deposit.)

Customer Signature

******Please return the completed form to the Finance Office at City Hall, 602 N. Main.******