



CITY OF MILACA

255 First Street East
MILACA, MN 56353

320-983-3141

DIRECT PAYMENT APPLICATION

I authorize the CITY OF MILACA to initiate electronic debit entries to my _____ Checking Account (or) _____ Savings Account for payment of my utility bill.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

Customer Name _____ **Service Address** _____

Account _____

Signature _____ **Date** _____

Financial Institution (Please Print) _____

Financial Institution Routing Number _____

Financial Institution Account Number _____

Financial Institution City and State _____

Please include a voided check.

Direct payments will be processed on the 15th of each month or the next business day. If you wish to cancel this agreement, notification must be submitted in writing by the 5th of the month. If you stop payment with your financial institution, without notifying the City of Milaca, you will be subject to all charges applicable to a payment returned for insufficient funds. If a direct payment is submitted to your account and there are insufficient funds, your payment will be handled as insufficient funds and subject to all applicable fees. I understand the above stated provisions and agree to these terms in regard to direct payment for the City of Milaca.