

Account # _____



CITY OF
MILACA *Minnesota*

255 First Street East, Milaca, MN 56353

(320)983-3141 | (320)983-3142 fax

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 _____

Signature _____ Date _____

Financial Institution (Please Print) _____

Financial Institution Routing Number _____

Financial Institution Account Number _____

Financial Institution City and State _____

Please include a voided check or other printout from your financial institution showing your account and routing number.

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.