



**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 my COVID-19 Business Assistance loan payment.

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 the loan payment of \$2,000.00 is paid in full.

**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.**

**Direct payments will be processed on the 1st of each month or the next business day. 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.**