



## Up North Starts Here

**325 S ELIOT AVE | PO Box 556 | RUSH CITY, MN 55069**

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# Direct Payment Authorization Form

We are pleased to offer you a new service – Direct Payment. Now you can have your payments deducted automatically from your checking or savings account. And, you won't have to change your present banking relationship to take advantage of this service.

**Direct Payment will help you in several ways:**

- It saves time – fewer checks to write and mail.
- Helps pay your bills in a convenient and timely manner – even if you're on vacation or out of town.
- Your payment is always on time.
- It saves postage
- It's easy to sign up for, easy to cancel.
- No late fees.

### Here's how Direct Payment works:

You authorize regularly scheduled payments to be made from your checking or savings account. Your payments will be made automatically on the specified Due Date (20<sup>th</sup> of the month). And proof of payment will appear on your statement. The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. Direct Payment is dependable, flexible, convenient, and easy. To take advantage of this service, complete the attached authorization form and return it to us. All you need to do is:

- 1) Mark the box before type of account to indicate whether your payment will be deducted from your checking or savings account.
- 2) Fill in your name, financial institution name and location, and date.
- 3) Attach a voided check for verification of all financial institution information.

**Please complete the information below. NOTE: Be sure to sign the form!**

I authorize The City of Rush City to initiate electronic debit entries to my:

Checking Account (or) Savings Account for payment of my Utility Bill (water/sewer).

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 canceled it in writing.

DATE\_\_\_\_\_ADDRESS- \_\_\_\_\_

NAME (PLEASE PRINT) \_\_\_\_\_

FINANCIAL INSTITUTION NAME (PLEASE PRINT) \_\_\_\_\_

ACCOUNT NUMBER AT FINANCIAL INSTITUTION\_\_\_\_\_

FINANCIAL INSTITUTION ROUTING NUMBER\_\_\_\_\_

FINANCIAL INSTITUTION CITY AND STATE\_\_\_\_\_

SIGNATURE \_\_\_\_\_

Direct Payment is effective the month following receipt of this form.