

CITY OF BELGRADE

417 Washburn Ave
PO Box 296
Belgrade, MN 56312
320-254-8220

DIRECT PAYMENT APPLICATION

I authorize the CITY OF BELGRADE 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 _____ PHONE _____

REGULAR PAYMENT DATE: _____ **PLEASE PICK EITHER THE 15TH OR 20TH OF EACH MONTH**

SIGNATURE _____

FINANCIAL INSTITUTION (PLEASE PRINT) _____

FINANCIAL INSTITUTION ROUTING NUMBER _____

FINANCIAL INSTITUTION ACCOUNT NUMBER _____

FINANCIAL INSTITUTION CITY AND STATE _____

PLEASE INCLUDE A VOIDED CHECK.