



AUTHORIZATION FOR DIRECT PAYMENT

This is my authorization of my bank, named below, to deduct from my checking or savings account (as specified below) and pay the City of Cannon Falls the amount of my month utility service bills. This authorization shall continue until the City of Cannon Falls receives written notice of cancellation in such time as to afford a reasonable opportunity for the City to act on the notice.

Utility Account No.: _____

Name: _____

Bank Name: _____

____ Checking OR ____ Savings (Please check one)

Account Number at Bank: _____

Bank Routing/Transit Number: _____

Bank City and State: _____

Date: _____ Signature: _____

IMPORTANT: Please enclose a blank, voided check so we can obtain the necessary routing and account number.