



## AUTHORIZATION FOR DIRECT AUTOMATIC 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 monthly 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 Number:

Name as it Appears on Account:

Bank Name:

Checking      Savings      (Please check one)

Account Number:

Bank Routing Number:

Bank City:

Bank State:

Signature:

Date:

Phone Number of Account Holder:

**IMPORTANT:** Please enclose a blank, voided check so we can obtain the necessary routing and account number and deliver or mail to the address below.