

CITY OF UNDERWOOD
120 Main Street South
P.O. Box 106
Underwood, MN 56586-0106
Telephone: (218) 826-6686
E-mail: clerk@ci.underwood.mn.us

AUTHORIZATION FOR DIRECT PAYMENT

I Authorize **The City of Underwood** and the **financial institution** named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

(NAME OF FINANCIAL INSTITUTION) (BRANCH)

(CITY) (STATE) (ZIP CODE)

(SIGNATURE) (DATE)

(NAME – PLEASE PRINT)

(ADDRESS – PLEASE PRINT)

Account No. _____ Checking _____ or Savings _____

Financial Institution Routing Number _____

RETAIN FOR YOUR RECORDS

On _____ I authorized
(DATE)

The City of Underwood, 120 Main St. S., P. O. Box 106, Underwood, MN 56586
Phone: 218-826-6686 Fax: 218-826-6720 E-mail: clerk@ci.underwood.mn.us,

The first billing date will start _____ . The amount due will be listed on your monthly billing.

I authorize the City of Underwood
to initiate electronic entries to my checking/savings account and have agreed to the terms listed on the authorization. I may revoke my authorization with the company at any time by writing to the address above.

Initial payment amount: \$ _____

Regular payment date: **The 15th of Each Month**