

**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](mailto: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 \_\_\_\_\_

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**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](mailto: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 15<sup>th</sup> of Each Month**