



CITY OF SPICER

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT

217 Hillcrest Avenue, PO Box 656, Spicer, MN 56288

Email: laasen@cityofspicer.org Phone: (320) 796-5562 Fax: (320) 796-2044

THIS FORM CAN BE FOUND ONLINE: www.explorespicer.com

WATER/SEWER BILLING INFORMATION:

BILLING ACCOUNT NAME: _____

SERVICE ADDRESS: _____

PHONE #: _____ **EMAIL:** _____

BILLING ACCOUNT #: _____

MONTH/YEAR TO START DIRECT PAY: _____
(DEDUCTED FROM YOUR BANK ACCOUNT ON THE 20TH OF EACH MONTH)

BANK ACCOUNT INFORMATION:

BANK NAME: _____ **BRANCH:** _____

CITY: _____ **STATE:** _____ **ZIP:** _____

ACCOUNT TYPE: CHECKING SAVINGS (CIRCLE ONE)

BANK ROUTING NUMBER: _____

BANK ACCOUNT NUMBER #: _____

I hereby authorize the City of Spicer Water/Sewer Monthly Billing to initiate debit entries to the above account and the depository named above, hereinafter called DEPOSITORY, to debit same to such account.

This authority is to remain in full force and effect until the City of Spicer and Depository have received written notification from me (or either of us) of its termination in such time and in such manner as to afford the City of Spicer and Depository a reasonable opportunity to act on it. (allow at least ten (10) business days).

SIGNATURE: _____ **DATE:** _____