

City of Spicer

DIRECT PAYMENT AUTHORIZATION AGREEMENT



217 Hillcrest Avenue  
PO BOX 656, SPICER, MN 56288  
320.796.5562 | explorespicer@cityofspicer.org  
www.explorespicer.com

UTILITY BILLING INFORMATION

BILLING ACCOUNT NAME: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_

MONTH TO START DIRECT PAYMENT WITHDRAWAL: \_\_\_\_\_

BANKING INFORMATION

BANK NAME: \_\_\_\_\_

BANK ADDRESS: \_\_\_\_\_

ACCOUNT TYPE: \_\_\_\_\_

BANK ROUTING #: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_

I authorize the City of Spicer to initiate monthly debit entries to the above account and the bank/depository named above for automatic payment to City of Spicer for payment of water/sewer utility billing balances on the 20th of each month.

This authority will remain in full force and effective until the City of Spicer and bank/depository named above have received written notification from the above named account holder(s) of its termination. The City of Spicer requires a ten (10) business day notice from either the account holder or the bank/depository institution of termination. Accounts that are returned NSF or closed will be charged a minimum returned check fee of \$30.00 per instance. Returned check fees will be added to the billing account.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_