

AUTOMATIC PAYMENT ENROLLMENT FORM

Customer Account Information

Utility Billing Account Number

Customer Name

Service Address

Telephone Number & Email

Customer Bank Information

Financial Institution Name

Financial Institution Routing Number

Type of Account Checking Savings

Customer Bank Account Number

I authorize the City of Lonsdale and the financial institution named above to initiate electronic withdrawals from 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 City of Lonsdale a reasonable opportunity to act on it.

Signature _____ Date _____

- In order to process your request for automatic payment, please provide your account information, sign the form, and attach a pre-printed voided check or deposit slip. (Deposit slips will be accepted for savings accounts only). This agreement is not valid without a pre-printed voided check or deposit slip.
- Payments will be processed on the due date which is the 1st of the month. If the processing date falls on a Saturday, Sunday, or bank holiday, then payments will be processed on the next business day.
- The customer is responsible for notifying the City of Lonsdale of any changes to his/her address, financial institution, account type, or account number.
- To cancel this agreement, please hand deliver written notification to the following address:

City of Lonsdale
415 Central St W
Lonsdale, MN 55046