

CITY OF FERGUS FALLS

Automatic Utility Payment

Date _____ Account Number _____

Name _____
(Please print clearly)

Account Address _____

_____ Date _____ Signature _____

Bank Information _____
Bank Name

_____ Location (City/State)

Checking Account

Savings Account

_____ Bank Routing Number
(First series of numbers on bottom of check)

_____ Bank Account Number

Funds will be removed from your account on the 15th of each month.

Please attach a voided check

This information will remain confidential.