

CITY OF FERGUS FALLS

Automatic Utility Payment

ACH Effective Date

Utility Account Number

Name

(Please print clearly)

Service Address

Phone Number

Email

Bank Name

Bank Information

Location (City/State)

Checking Account

Savings Account

Bank Routing Number

Bank Account Number

(First series of numbers on bottom of check)

Please attach a voided check.

Funds will be removed from your account on the 15th of each month, unless the 15th falls on a weekend or holiday.

I authorize the City of Fergus Falls and the financial institution named on the form to automatically deduct Fergus Falls city utility bills from my checking account. This authority will remain in effect until I notify the Fergus Falls Utilities Department in writing to cancel a minimum of five days prior to the due date printed on the bill.

Signature

Date