

CITY OF BECKER DIRECT PAYMENT FORM

Instructions:

- 1) Check with your bank or financial institution to make sure they accept direct (ACH) payments.
- 2) Complete form as follows:

Enter name, address and phone number

Check boxes for all City services you wish to have automatically paid from your bank account

- Water/Sewer Acct #** Enter 8-digit account # from your City water/sewer bill
- Bank Name -** Enter the name of your financial institution
- Routing Number -** Enter 9-digit routing number available from your financial institution
- Account Number -** Enter your bank account number
- Checking/Savings -** Enter type of account (Checking or Savings)
- % or Amount -** Enter 100% to withdraw entire amount from one account. To have your bill split between two or more accounts, list each account and the amount or percentage. The amount/percentage is computed against the remaining amount from the top row down. For instance, to have 50% taken from one account and 50% from another account, enter 50% on the first row and 100% (of remaining) on the second row

Enter Sign and date form

- 3) Call City Hall at (763) 261-4302 if you have any questions
- 4) Return this form, along with a voided check from your financial institution, to City Hall
- 5) Update and resubmit form each time a change is made to your bank account(s), percentage or amount

Customer Name

Address

City, State & Zip

Phone #

I hereby authorize automatic payment of the following City services:

City Water & Sewer

Other _____

Amount of debit(s): The current rate billed for utility services. Date(s) of debit(s): Monthly on the 25th of each month

Bank Name	Routing Number	Account Number	Checking or Savings	% or Amount of Remaining

I (we) understand that this authorization will remain in full force and effect until I (we) notify the City of Becker in writing or by phone that I (we) wish to revoke this authorization. I (we) understand that the City of Becker requires at least 7days prior notice in order to cancel this authorization.

Signature _____ Date _____