Date: _____

AUTHORIZATION TO PAY WATER BILL

MUST Attach Voided Check

Name: _____ Phone: _____

Address: _____

City/State/Zip: _____

Financial Institution: _____

Type of Account: Checking: ☐ Savings: ☐ **Account No.** _____

Financial Institution Routing Number: _____

Water Department Account Number: _____

I (we) hereby authorize the Crookston Water Department to initiate monthly debits, for the payment of my water service bill and for the financial institution specified to me to pay the amount from my checking or savings account. I understand that both the Crookston Water Department and my financial institution reserve the right to terminate this payment plan or my participation therein. This authority is to remain in effect until revoked by me in writing. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Signature: _____ **Date:** _____

FOR OFFICE USE ONLY		
Entered By: _____ Date Entered: _____	☐ Incode: Account____ Packet____	Notes:

****

Customer Receipt for Automated Payment of Monthly Billing

Please keep this portion for your records

Name: _____

Bank Account No. _____

Water Department Account No. _____

Signature: _____ Date: _____