

UTILITY AUTOMATIC PAYMENT FORM

We are pleased to offer you a new service – the Automatic Payment Plan. Now you can have your payment made automatically from your checking or savings account. And, you won't have to change your present banking relationship to take advantage of this service.

The Automatic Payment Plan will help you in several ways:

- it saves time – fewer checks to write
- helps meet your commitment in a convenient and timely manner – even if you're on vacation or out of town
- no lost or misplaced statements, your payment is always on time
- it saves postage
- its easy to sign up for, easy to cancel

Here's how the Automatic Payment Plan works:

You authorize regularly scheduled payments to be made from your checking of savings account. Then, just sit back and relax. Your payments will be made automatically on the specified day. And proof will appear with your statement.

The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. If the amount of your payment changes, we will notify you at least 10 days before payment date.

The Automatic Payment Plan is dependable, flexible, convenient and easy. To take advantage of this service, complete the attached authorization form and return it to us.

AUTHORIZATION FOR AUTOMATIC PAYMENT

I authorize the **CITY OF WADENA** and the financial institution named below to initiate entries to 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 financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged. I can have the amount of an erroneous charge immediately credited to my account up to 15 days following issuance of my statement of 60 days after posting.

***STAPLE VOIDED CHECK HERE**

Name of Financial Institution

Address of Financial Institution (Street) (City) (State) (Zip Code)

Checking Account No. (or) Savings Account No.

Financial Institution Routing Number (between the symbols I: :I on the bottom left of your check)

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RETAIN FOR YOU RECORDS

On _____ I authorized the **CITY OF WADENA**, PO Box 30, Wadena, MN (ph218-631-7707) to
Date
initiate electronic entries to my checking/saving account and agreed to the terms listed on the authorization, for payment of the amount of my monthly utility bill.



222 SECOND STREET SE ▪ PO BOX 30 ▪ WADENA, MN 56482
(218) 631-7707 ▪ FAX (218) 631-7709
E-MAIL: wadenacity@arvig.net ▪ WEBSITE: www.wadena.org

ATTACHMENT TO UTILITY AUTOMATIC PAYMENT PLAN

I agree to have sufficient funds in my checking/savings account to cover the electric, water, & sewer billing which will be taken out of my account on the 15th of each month, or the closest working day if the 15th falls on a holiday or weekend.

If at the given time payment is taken out of account & there are insufficient funds for any two (2) months, I understand I will no longer be allowed to pay by bank debit until further notice.

Customer Signature

Date

FOR CITY OFFICE USE ONLY

Customer Name (Please Print)

Home Phone Number

Cell Phone Number

Customer Address

Business Phone Number

Customer Account Number

Bank Debit Start Date

Witnessed by City Employee

Date