Fosston Municipal Utilities
Automatic Payment Authorization

Check one: ☐ Begin Deposit ☐ Change Information

I (we) hereby authorize City of Fosston ("COMPANY") to electronically debit my (our) account (and, if necessary, to electronically credit my (our) account to correct erroneous debits) as follows:

☐ Checking Account / ☐ Savings Account (select one) at the depository financial institution named below ("DEPOSITORY"). I (we) agree that ACH transactions I (we) authorize comply with the laws of the United States and all applicable law.

Depository Name: _____

Routing Number: _____ Account Number: _____

Name(s) as it appears on the Account:

_____

Check one: ☐ Recurring Entry ☐ Single Entry

Amount of debit(s): ___monthly utility payment in full___

First entry date: _____ Frequency: __monthly__

I (we) understand that this authorization will remain in full force and effect until I (we) notify COMPANY in writing that I (we) wish to revoke this authorization. I (we) understand that COMPANY requires at least 15 days prior notice in order to cancel this authorization.

Name(s): _____
(Please Print)

Date: _____ Signature(s): _____ _____

Revoke Authorization

Effective _____ (date) I (we) cancel this Direct Debit Authorization.

Signature(s): _____ _____