

CITY OF \_\_\_\_\_



MINNESOTA \_\_\_\_\_

Authorization to Charge Account

I authorize you and the financial institution listed below to initiate electronic debit entries, and if necessary, credit entries and adjustments for any debit entries in error to my checking account on each utility bill due date. This authority will remain in effect until I have canceled it in writing.

Date: \_\_\_\_\_

Financial Institution: \_\_\_\_\_

Name: \_\_\_\_\_  
(Please Print)

Account Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Signature: \_\_\_\_\_

Transit Routing Number (ABA) \_\_\_\_\_

*Please attach voided check or deposit slip*

1410 KANSAS AVE. • BENSON, MINNESOTA 56215

City Offices: 320-843-4775

City Fax: 320-842-7151

Municipal Utilities: 320-843-3707