



City of Sartell Automatic Payment Authorization for Utility Payment

The City of Sartell is now offering you the opportunity to have your utility bill automatically charged to your VISA, MasterCard, or automatically deducted from your Checking Account on the bill due date. If you wish to participate in this direct payment service, please fill out this form and return it directly to Sartell City Hall or mail to Sartell City Hall, Attn: Utility Payments, Po Box 140, Sartell, Mn 56377.

Address: _____ Utility Bill Account Number: _____

Name on Credit Card or Bank Account: _____

Address of Account holder: _____

City, State, Zip: _____

Phone number of Account holder during business hours: (_____) _____

Email address: _____ (Optional)

I authorize City of Sartell to automatically charge my bank account the full amount of the bill on the due date of each billing cycle. Payments for your utilities will occur bi-monthly until revoked by cardholder in writing. At any time you may change the account information being charged by this system by filling out a new form.

Please charge my Visa Mastercard Checking Account Discover Card

For Credit Card Payments:

Credit Card Number: _____ - _____ - _____ - _____ Exp. _____

For Bank Account Payments:

I authorize the City of Sartell to electronic debt entries to my bank account for payment of my utility bill. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing in such time as to afford the financial institution a reasonable opportunity to act on my request. I can stop payment of any entry by notifying my financial institution three days before my account is charged. I understand that I am responsible for any charges incurred by the City as a result of: 1) insufficient funds in my account or 2) the closing of my account without three days advance notice to the City.

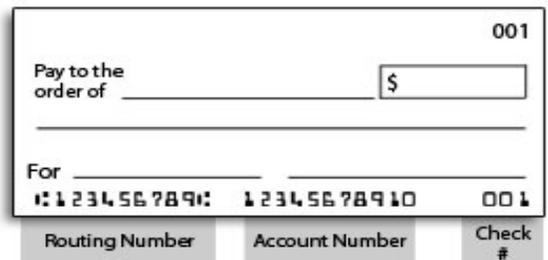
Financial Institution (Please Print) _____

Financial Institution Routing Number _____

Financial Institution Account Number _____

Financial Institution City and State _____

Must include voided check.



Signature of Account Holder: _____ Date: _____

Office Use Only
___ Revtrak ___ Acct Form ___ U.B.