



P.O. Box 7, Wolverton, Minnesota 56594
Phone 218-995-2526 Fax 218-995-2524 MN Relay Service 1-800-627-3529

Utility Billing-Authorization for Auto Pay

Please complete and return this form.

Customer Information New Auto Pay Account Change for Existing Auto Pay Account

Customer Name _____ Phone _____

Email Address _____

Address where Service is provided _____

City _____ State _____ Zip Code _____

Payment Account

Payment Processing date (choose one) _____ 1st of each month **or** _____ 15th of each month

Please bill my checking account. **Enclose a voided check, NOT a deposit slip.**

Please bill my savings account. **Enclose a deposit or withdrawal slip.**

Financial Institution Name _____

Your Account Number _____

Routing/Transit Number _____

Authorization

I authorize the City of Wolverton to initiate variable entries to the account described above. This authority is to remain in full force and effect until the City of Wolverton has received written notification from me of its termination in such time and manner as to afford the City of Wolverton a reasonable opportunity to act on it.

Signature _____ Date _____

Full Printed Name _____

Attach your voided check here