



AUTHORIZATION FOR DIRECT PAYMENT

I authorize the CITY OF PARKERS PRAIRIE and the financial institution named below to initiate electronic entries to my checking/savings account. This authority will remain in effect until I notify the CITY OF PARKERS PRAIRIE and the bank 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 THE CITY OF PARKERS PRAIRIE or my financial institution a minimum of three (3) days before my account is charged.

I UNDERSTAND THAT PAYMENTS WILL BE DEDUCTED FROM MY ACCOUNT ON THE 15TH DAY OF THE MONTH DUE. IN THE EVENT THAT I WISH TO CANCEL THIS AUTHORIZATION, I SHALL NOTIFY THE CITY OF PARKERS PRAIRIE IN WRITING.

_____		_____
Customer Signature		Date

Customer Name (please PRINT)		

Customer Address		

_____	_____	_____
City	State	Zip Code

_____		_____	
Name of Financial Institution		Branch	
_____		_____	
_____	_____	_____	
City	State	Zip Code	
_____		Checking Acct. <input type="checkbox"/>	Savings Acct. <input type="checkbox"/>
Account Number			

Financial Institution Routing Number			

(Affix Voided Check Here)