



CITY OF ST. JOSEPH

www.cityofstjoseph.com

AUTHORIZATION FOR DIRECT PAYMENT

I authorize the City of St. Joseph and the financial institution named on the attached voided check to initiate debit entries (deductions) to my checking/savings account. I understand that this authorization will continue in force unless discontinued by my written request. Please continue to pay your bill until the following message appears on your bill "DO NOT PAY. THIS AMOUNT WILL BE DRAWN FROM YOUR BANK ACCOUNT". If at any time I decide to change banks or discontinue this payment service, I will notify the City of St. Joseph in writing 30 days prior to any change. The City of St. Joseph requires a new authorization form be filled out in the case of a change in banks/bank accounts.

Utility Account Information (Please Print)

Service Address _____

Account # _____ - 00000 - _____

Full Name _____ Phone # _____

Signature _____

Co-Signature (for Joint Account) _____

Financial Institution Information

Financial Institution Name _____

Address _____ City _____ State _____ Zip _____

Routing # _____ Account # _____

Type of Account (Check One): Checking Savings

PLEASE ATTACH A VOIDED CHECK OR SAVINGS DEPOSIT SLIP TO THIS FORM

Return this form via mail, drop box, or in person:

City of St. Joseph
Attn: Utility Billing
75 Callaway St E
St. Joseph, MN 56374