CITY OF INTERNATIONAL FALLS WATER DEPARTMENT DIRECT PAY AUTHORIZATION

Mator Billing

Name:Service Address:			
		-	transaction information. ne following account(s) on the 10 th of each month:
Transaction #1 Type of Account:	☐ Checking	☐ Savings	\$ Name, Address, and Phone Number of Financial Institution:
Account of ACH #:			
Transit Route #:			
Transaction #2 Type of Account:	☐ Checking	☐ Savings	\$ Name, Address, and Phone Number of Financial Institution:
Account of ACH #:			
Transit Route #:			
Transaction #3 Type of Account:	☐ Checking	☐ Savings	\$ Name, Address, and Phone Number of Financial Institution:
Account of ACH #:			
Transit Route #:			
· · · · · · · · · · · · · · · · · · ·			City Water Department has received written notification from me of ancial institution(s) a reasonable opportunity to act on it.
Signature:			Date:

You must contact your credit union to obtain a proper ACH (automated clearing house) account and transit routing numbers. Credit union account and routing numbers used for direct deposit transactions may be different than those indicated on the share draft you attach.

You must include a voided check or share draft for checking accounts with this form. A deposit slip may only be attached for savings accounts. If you have any questions or concerns, please contact the Water Department office at (218) 283-9485.

Mail or return the completed form with voided check or share draft to:

City of International Falls, Water Department, 600 4th Street, International Falls, MN 56649-2442