



30 Cedar St. E. • P.O. Box K • Annandale, MN 55302-0136

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www.ci.annandale.mn.us

## Make your life easier with Automatic Bill Payment

The City of Annandale offers you the opportunity to pay your bill without writing a check. With your authorization we will, every month, automatically charge either your checking or savings account for the exact amount due on your water/sewer/refuse bill. At any time you desire, you may change or cancel your authorization by notifying us, in writing. It's simple, and there are a number of advantages for you, like:

**Convenience:** No more wasting time writing checks, mailing or delivering bill payments

**Cost Savings:** Save the cost of stamps and check fees.

**Peace of Mind:** Never pay a late charge again because of a forgotten payment or lost check.

Best of all, you have complete control over your bills. You will receive your monthly statement prior to any automatic payment being made. Deductions from your checking or savings account will be made on the 10<sup>th</sup> of the month the payment is due. So, you will have enough time to review your bill and contact us if you have any questions.

**To sign up, just fill out the authorization form below, and return it to our office. You may also sign up over the telephone with Payment Service Network at (877) 390-7368.**

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### AUTHORIZATION FOR AUTOMATIC PAYMENT

I authorize the City of Annandale and the financial institution named below to initiate entries to my checking/savings account. This authorization will remain in effect until I notify the City of Annandale, in writing, at least 30 days in advance of the date I wish to cancel automatic payment service. I understand the City of Annandale may discontinue this service if I have 2 payments returned due to insufficient funds during a 12-month period.

**Note:** A \$25 NSF fee may be charged on every dishonored or returned check.

\_\_\_\_\_  
(Name of Financial Institution)

\_\_\_\_\_  
(Financial Institution Routing # between these symbols |: |: on the bottom of your check)

Checking account

Savings account

Account number: \_\_\_\_\_

**Important notice:** Attach a deposit slip or unsigned check marked "void" showing your complete account number with financial institution.

Bank Account Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Service address: \_\_\_\_\_ Utility account #: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

If you have any questions, please contact us at (320) 274-3055.

Detach and return this form to: City of Annandale, PO Box K, Annandale, MN 55302

Office use only
Date rec'd _____
Date entered _____
Acct# _____