



CITY OF PELICAN RAPIDS  
AUTHORIZATION FOR AUTOMATIC BILL PAYMENT

Company Name City of Pelican Rapids (the Company). I authorize the Company to initiate variable entries to the account described below:

Checking Account No. \_\_\_\_\_

Savings Account No. \_\_\_\_\_

Financial Institution's Name \_\_\_\_\_

Financial Institution's Address \_\_\_\_\_

Financial Institution's Routing No. \_\_\_\_\_

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Attach a voided check or savings deposit slip to this form. This authority is to remain in full force and effect until the Company has received written notification from me of its termination in such time and manner as to afford the Company a reasonable opportunity to act on it.

Signature \_\_\_\_\_

Full Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Date \_\_\_\_\_ Billing Account No. \_\_\_\_\_