

CITY OF FOLEY

251 4TH AVE, PO BOX 709
FOLEY, MN 56329

(320)968-7260

DIRECT PAYMENT APPLICATION

I authorize the CITY OF FOLEY to initiate electronic debit entries to my _____ Checking Account (or) _____ Savings Account for payment of my utility bill **on the 25th day of every month.**

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

Customer Name _____ **Service Address** _____

Account _____ **Phone** _____

Signature _____ **Date** _____

Financial Institution (Please Print) _____

Financial Institution Routing Number _____

Financial Institution Account Number _____

Financial Institution City and State _____

Please include a voided check.