

CITY OF MABEL

201 S MAIN STREET
PO BOX 425
MABEL, MN 55954

507-493-5299

DIRECT PAYMENT APPLICATION

I authorize the CITY OF MABEL to initiate electronic debit entries to my ____ Checking Account (or) ____ Savings Account for payment of my utility bill.

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.