



City of Rushford

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www.rushford.govoffice.com

CITY OF RUSHFORD

Authorization for Direct Bill Payment

AUTHORIZATION AGREEMENT

I hereby authorize the City of Rushford to instruct my financial institution to make my payments to them from the account listed below. I understand that I control my payments, and if at any time I decide to discontinue this payment service, I will give a 30 day notice to City Hall.

FINANCIAL INSTITUTION INFORMATION

Name of Financial Institution: _____

Address: _____

Phone Number: _____

Bank Routing Number: _____

Type of Account: Checking

Savings



(Enclose deposit slip)



(Enclose withdrawal slip)

Bank Account Number: _____

CUSTOMER INFORMATION

Customer Account Number: _____

Customer Name (as shown on bill): _____

Service Address: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____