

CITY OF RICHMOND

45 HALL AVE SW
PO BOX 400
RICHMOND, MN 56368

Phone 320-597-2075
Fax 320-597-2975

DIRECT PAYMENT APPLICATION

I authorize the City of Richmond to initiate electronic debit entries for payment of my utility bill from:

_____Checking Account (or)_____Savings

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 notify the City of Richmond in writing at least twenty days prior to next scheduled electronic debit.

Customer Name _____ Street Address _____

Utility Account Number _____

Signature _____ Date _____

(Please attach a voided check)

Financial Institution _____

Financial Institution Routing Number _____

Financial Institution Account Number _____

Financial Institution City and State _____