

CITY OF SCANLON

2801 Dewey Ave
Scanlon, MN 55720
218-879-4578 dir, 218-879-4579 fax
cityclerk@cityofscanlon.com

AUTOMATIC DEBIT AUTHORIZATION WATER AND SEWER UTILITY BILLING

I hereby authorize the City of Scanlon and the financial institution listed below to initiate electronic debit entries, and if necessary, credit entries and adjustments for any debit entries which were incompletely processed by the City of Scanlon to the following type of account (please check one):

Checking Account _____

Savings account _____

Name of Financial Institution _____ Location _____

Routing Number _____

Account Number _____

Debits will be made to the account on the 15th of each month. Should the date fall on a weekend or on a Federal Holiday the withdrawal will occur on the next business day.

I (we) understand that the City of Scanlon must have at least 30 days written notice of the date I (we) would like to cancel this service. **If joint account both individuals must sign.**

Name: _____ Phone Number: _____
(Please Print)

Name: _____ Phone Number: _____
(Please Print)

Signature: _____ Date _____

Signature: _____ Date _____

Please attach a voided check for ACH Payments.

Please send my water sewer bill by e-mail, my e-mail address is:

Email Address: _____

Mayor – Ron Stigers
City Clerk/Treasurer – Jill Wartner
Assistant City Clerk – Lori Stigers

Councilors
Scott Boedigheimer
Cody Grashorn
Ron Stigers
Mike Berthiaume