



Something is happening here....

Automatic Payment Plan

Personal Information:

Name: _____
Address: _____
Utility Account Number: _____
Phone Number(s): _____
Email Address: _____

Bank Information:

Name of Financial Institution: _____
Address of Financial Institution: _____
Checking Account: Routing number: _____
Account number: _____
Savings Account: Routing number: _____
Account number: _____
Phone Number(s): _____
Bank Debit Start Date: _____

Please enclose a voided check. If you do not have a checking account, we require a letter from your financial institution with your account number.

Applicant Statement:

I authorize the City of Wadena and the financial institution named below to initiate variable entries from my checking or savings account. This authority will remain in effect until I notify the City of Wadena in writing. I accept that I must cancel in enough time to provide with my financial institution the time to act on my cancelation.

I agree to have sufficient funds in my checking or savings account to cover the electric, water, and sewer billing. I acknowledge that the funds will be taken out of my account on the 22nd of each month or the next working day if the 22nd falls on a holiday or weekend. If there are not sufficient funds for two consecutive months, I acknowledge I will no longer be allowed to pay by bank debit until further notice.

Signature: _____ Date: _____

Retain for your records: On _____ I authorized the City of Wadena to initiate electronic entries to my checking or savings account and agreed to the terms listed on the authorization for payment of the amount of my monthly utility bill.