CITY OF WINTHROP AUTOMATIC PAY APPLICATION

305 N MAIN ST. Winthrop, MN 55396
Phone: 507-647-5306 Fax:507-647-3200
www.winthropmn.gov

I would like to enroll in:

☐ **Automatic Payment**. Payments are automatically withdrawn from your checking account on the due date listed on the statement. **Complete bank information below**.

☐ **Monthly Billing**. Monthly billing is available to account holders who are enrolled in the City of Winthrop automatic payment service. **Complete bank information below**.

☐ **Budget Billing**. Budget billing allows account holders to pay the same amount each billing, based on the previous year's usage, which will help avoid fluctuations in charges A catch-up provision in September will adjust for over or under charges throughout the year. This option is available to those who are enrolled in the City of Winthrop's automatic payment service which is optional. **Complete bank information below**.

I authorize the CITY OF WINTHROP to initiate electronic debit entries to my checking account for payment of my utility bill(s).

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(s) _____

Service Address_____

Utility Account Number _____

Financial Institution (Please Print) _____

Financial Institution Routing Number _____

Financial Institution Account Number _____

Financial Institution City and State _____

Include a voided check

- Please enroll me in the City of Winthrop's automatic payment program. I authorize the City of Winthrop to collect payment of my utility bill by initiating debit entries (deductions) to the bank account shown on the attached voided check (**required**)
- Payments will be deducted from my bank account on the due date listed on the utility bill or the first business day thereafter if the due date falls on a weekend or holiday.
- I understand that this authorization will remain in effect until discontinued at my request.

Signature _____ Date _____/_____/_____

By signing this form, you authorize the automatic payment services as outlined above.

Return this form to: PO BOX Y, Winthrop, MN 55396
OR
Email: cityclerk@winthropmn.gov