



PO Box 245 - 239 MN Hwy 78 N Ottertail, MN 56571  
Phone: (218) 367-2250

Email: [otcity@arvig.net](mailto:otcity@arvig.net)

[www.cityofottertail.com](http://www.cityofottertail.com)

**AUTHORIZATION FOR DIRECT PAYMENT**

I authorize **The City of Ottertail** and the **financial institution** named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

NAME OF FINANCIAL INSTITUTION \_\_\_\_\_ BRANCH \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

CUSTOMER NAME \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SIGNATURE \_\_\_\_\_ WATER ACCOUNT NUMBER(S) \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_ CHECKING OR SAVINGS \_\_\_\_\_

FINANCIAL INSTITUTION ROUTING NUMBER \_\_\_\_\_ EMAIL BILLING YES / NO \_\_\_\_\_

On \_\_\_\_\_ I authorized **The City of Ottertail**  
DATE

to initiate electronic entries to my checking/savings account and have agreed to the terms listed on the authorization. I may revoke my authorization with the company at any time by writing to the address above.

Initial payment amount: \$ \_\_\_\_\_  
Regular payment date: **The last working day of each month**

**\* ATTACH A VOIDED CHECK HERE \***