

City of Carlos

109 1st Street West

P.O. Box 276

Carlos, MN 56319



(320) 852-3000
office@cityofcarlos.com
Website: cityofcarlos.com

Authorized Payment Form

Authorized Payment

You must attach a voided check or a direct deposit authorization form from your financial institution.

Customer's Name _____

Name of Financial Institution	9 Digit Routing #	Account #	Account Type
			Checking
			Saving

This authorizes City of Carlos to send debit entries (and appropriate credit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated above and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Date and Frequency of debit(s): Monthly on the 25th of each month. Should the date fall on a weekend or Federal Holiday, the withdrawal will occur on the next business day.

Customer's Signature Date _____ Date _____

Approved Date _____