



615 Lake Street South
Long Prairie, MN 56347

Phone #320-732-2167

Fax #320-732-2847

E-mail - info@cityoflongprairie.com

AUTOMATIC WITHDRAWAL AUTHORIZATION

I hereby authorize the City of Long Prairie (the City) to make recurring charges for the amount due on the utility billing account(s) referenced below on the billing due date each month. Authorization is given for recurring charges to the checking account listed below, and, if necessary, the City may initiate adjustments for any transactions credited/debited in error. **Applications must be received before the 1st of the month, for the automatic payment draft to process as a pre note the next billing cycle and the following month automatic payments will be begin.**

I agree not to dispute the City's recurring billing with my financial institution as long as the amount in question was for services rendered prior to cancellation of this agreement. I understand that if I have any problems or questions regarding my utility billing account(s), I should contact city hall for assistance. I agree to not dispute any charges from the City unless I have already made an effort, in good faith, to rectify the situation directly with the City and those efforts have failed.

I authorize this agreement to remain in effect until I provide written notice to the City of my intent to terminate this agreement. **To ensure timely cancellation, I recognize that such notification shall be provided at least 30 days prior to the next scheduled transaction(s).** Upon termination of this agreement, I will make alternative payment agreements.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of the U.S. law.

I ask that the data provided in this agreement be handled by the City in accordance with Minnesota Data Practices Act.

I, hereby, guarantee and warrant that I am legal owner of this checking or savings account, and that I am legally authorized to enter into this recurring billing agreement with the City of Long Prairie.

I AUTHORIZE THE CITY OF LONG PRAIRIE TO INITIATE ELECTRONIC DEBIT ENTRIES TO MY	
<input type="checkbox"/>	For the payment of my UTILITY BILL(S)
<input type="checkbox"/> CHECKING ACCOUNT	
CUSTOMER NAME	UTILITY ACCOUNT NUMBER
ADDRESS	PHONE NUMBER
SIGNATURE	DATE
FINANCIAL INSTITUTION ROUTING NUMBER	FINANCIAL INSTITUTION ACCOUNT NUMBER
FINANCIAL INSTITUTION AND PHONE NUMBER	FINANCIAL INSTITUTION CITY AND STATE

I understand I will receive a monthly statement indicating the payment amount that will be drafted from my account on the 23rd of the month.

PLEASE check here if you would like a copy of this document for your records.

Tennessee Warning

Under the Minnesota Government Data Practices Act (Minn. Stat. § 13.548), your name, address, telephone number, and e-mail and account information are private data. You may choose not to provide some or all of this private data, but it may limit your ability to participate in this program. By signing above, you are consenting to allow registration information to be shared with the City Administrator, and other registered program participants in order to administer this activity. This consent expires upon completion of this activity.

www.longprairie.net

This institution is an equal opportunity provider and employer.