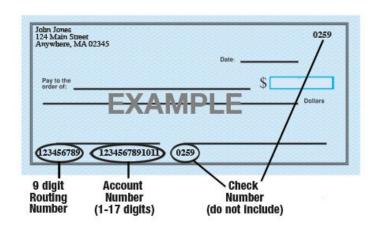
## **Authorization for Automatic Utility Bill Payment**

I

Signature:



I (we) authorize the City of Lamberton to initiate debit/credit entries for payment of my (our) account on the due date, and to initiate if necessary, adjustments for any debit/credit entries in error to my (our) account. I (we) also authorize the banking facility indicated to debit and/or credit the same to such account. I (we) understand that upon receipt of a draft returned to the City of Lamberton due to insufficient funds in my (our) account, the City of Lamberton may cancel drafting of my utility bill and charge applicable fees (\$30.00)



Type of Account:	Checking	Savings	
Bank Name:		Phone #:	-
Bank Address:			-
Routing #:		Account #:	-
** Please attach a void	led check or copy of a c	heck for verification of account.	
City of Lamberton in writing, the automatic drafting of your name, bank account or bank r calling (507) 752-7601 and for	that I (we) wish to revort account or if you have outing number, please nollow-up with written no	n full force and effect until I (we) need this authorization. If you wish to changes in utility account number, otify the City of Lamberton immed tification. I (we) also understand the principle to cancel this authorization.	stop bank liately by at the
Name:		Utility Account #:	

Date: