

# CITY OF MABEL

201 S MAIN STREET  
PO BOX 425  
MABEL, MN 55954

507-493-5299

## DIRECT PAYMENT APPLICATION

I authorize the CITY OF MABEL to initiate electronic debit entries to my \_\_\_\_ Checking Account (or) \_\_\_\_ Savings Account for payment of my utility bill.

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** \_\_\_\_\_ **Service Address** \_\_\_\_\_

**Account** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Financial Institution (Please Print) \_\_\_\_\_

Financial Institution Routing Number \_\_\_\_\_

Financial Institution Account Number \_\_\_\_\_

Financial Institution City and State \_\_\_\_\_

Please include a voided check.