

**CITY OF BAXTER**  
13190 MEMORYWOOD DRIVE  
P.O. BOX 2626  
BAXTER, MN 56425  
(218) 454-5121  
Fax: (218) 454-5103  
ub@baxtermn.gov



## UTILITY BILL **AUTO PAY** APPLICATION

Customer Name(s): \_\_\_\_\_  
Service Address: \_\_\_\_\_  
Utility Bill Act.# (If Known): \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Name(s) on Bank Account: \_\_\_\_\_  
Financial Institution Name : \_\_\_\_\_  
Branch and State: \_\_\_\_\_  
Bank Account Number: \_\_\_\_\_ Checking  OR Savings   
Financial Institution Routing Number: \_\_\_\_\_

Checking accounts – attach a voided check

Savings accounts – attach a deposit slip

- Please enroll me in the City of Baxter’s Utility Bill Auto Pay program.
- I authorize the City of Baxter to collect payment of my utility bill by initiating debit entries (deductions) to the bank account listed above. **Payments will be deducted from my bank account on the 5<sup>th</sup> of every month** (or nearest business day). This payment date is approximately 5 days prior to the due date on the bill.
- I certify that I have authority to initiate debit entries from the account listed above.
- I understand that this authorization will continue unless discontinued at my written request by the 1<sup>st</sup> of the month.
- Automatic payments usually begin the first billing cycle **AFTER** we receive your authorization. **Please continue to pay your bill until the message “Auto Pay” appears on the top of your bill stub at the right.**
- Returned payments are subjected to a \$29 returned check fee or the current fee in effect.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

By signing this form, you authorize the automatic payment services as outlined above.