



# CITY OF BATTLE LAKE

108 MAIN STREET EAST  
PO BOX 386  
BATTLE LAKE, MN 56515-0386

## Automatic Payment Request Authorization For The City of Battle Lake

On the 15th day of every month (if the 15<sup>th</sup> falls on a weekend or holiday, the first business day after the 15th) beginning \_\_\_\_\_ please charge my

(  ) Checking (  ) Savings

account for the amount of my monthly utility bill. I have attached a VOIDED check or savings withdrawal slip for account and routing information.

**(ATTACH CHECK OR WITHDRAWAL SLIP HERE)**

### **Important - Please Read and Sign**

I hereby request and authorize the City of Battle Lake to automatically debit my account for the current amount due on my water, sewer and natural gas statement. To cancel authorization, I must make my request in writing allowing 60 days for cancellation to take effect. I agree that within this 60-day period, the City of Battle Lake shall be fully protected in honoring any such payments. This agreement shall terminate immediately upon the closing of my accounts with the City of Battle Lake. I agree that your treatment of and rights in respect to each such payment shall be the same as if it were signed personally by me. I further agree that if any such debit were to be dishonored, you shall be under no liability. I also understand that if my account has insufficient funds to cover my utility bill, the City of Battle Lake has the right to charge my account a \$30 NSF fee.

**Customer Name:** \_\_\_\_\_

**Utility Account Number:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_