

CITY OF BAXTER
13190 MEMORYWOOD DR
BAXTER, MN 56425
(218) 454-5121
Fax: (218) 454-5103
ub@baxtermn.gov



BAXTER FREE UTILITY BILL **AUTO PAY** APPLICATION

Customer Name(s): _____
Service Address: _____
Utility Bill Acct. # 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

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- 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 5th 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 1st of the month.
 - Automatic payments usually begin the first billing cycle **AFTER** we receive your authorization, **if received by the 1st of the month. Please continue to pay your bill until the message “Auto Pay” appears** on the top of your bill stub at the right. You will still get a bill as your notification to deduct from your account or you can ask us to toss the bills if you don’t want them mailed.
 - Returned payments are subjected to a \$29 returned payment fee or the current fee in effect.

Signature _____ **Date** ____/____/____

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