



EFFECTIVE _____

SCANNED _____

REDWOOD FALLS PUBLIC UTILITIES RECURRING PAYMENT FORM

CUSTOMER NAME _____ ACCOUNT NUMBER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

Please fill out ONE of the two boxes below and return via:Mail: City of Redwood Falls
Attn: Erin Kodet
PO Box 526
Redwood Falls, MN 56283

Fax: 507-637-2417

Email: ekodet@ci.redwood-falls.mn.us**AUTOMATIC CHECKING OR SAVINGS AUTHORIZATION**

BANK NAME _____

BANK ADDRESS _____

CHECKING SAVINGS (CIRCLE ONE) ROUTING _____

ACCOUNT NUMBER _____

I (we) authorize the Redwood Falls Public Utilities to initiate debit or credit entries for payment of my (our) utility bill on the due date, and to initiate if necessary, adjustments for any debit or credit entries in error to my (our) account, and for the banking facility indicated above to debit or credit the same to such account. I (we) understand that upon receipt of a draft returned to RFPU due to insufficient funds in my (our) checking or savings account, RFPU may cancel the drafting of my airport bill and charge applicable fees (\$30).

SIGNATURE _____ DATE _____

AUTOMATIC CREDIT OR DEBIT CARD AUTHORIZATION

CREDIT/DEBIT CARD TYPE (CIRCLE ONE) VISA MASTER DISCOVER

NAME AS SHOWN ON CARD (PLEASE PRINT) _____

CARD BILLING ADDRESS _____

CARD NUMBER _____

EXPIRATION DATE _____ SECURITY CODE _____

I (we) authorize the Redwood Falls Public Utilities to initiate entries for payment of my (our) utility bill on the due date. I (we) understand that upon receipt of a draft charge back due to credit or debit card misuse, the City may cancel the drafting of my bill and charge applicable fees (\$30).

SIGNATURE _____ DATE _____

NOTE: If you wish to stop the automatic drafting of your account or if you have changes in utility account number, checking account number or change in banks, please report these changes immediately to the RFPU by calling (507) 637-5755 in order to allow sufficient time to process these changes.