

EFFECTIVE	SCANNED

REDWOOD FALLS PUBLIC UTILITIES RECURRING PAYMENT FORM

CUSTOMER NAME	TOMER NAME ACCOUNT NUMBER			
ADDRESS				
CITY	STATE	ZIP		
PHONE	EMAIL			
Please fill out OI	NE of the two boxes below	and return via:		
Mail: City of Redwood Falls Attn: Amy Kerkhoff PO Box 526 Redwood Falls, MN 56283	Fax: 507-637-		IS	
BANK NAMEBANK ADDRESS			NEW CANCEL CHANGE	
CHECKING SAVINGS (CIRCLE ONE)				
· · ·	ACCOUNT NUMBER			
I (we) authorize the Redwood Falls Public Utilities to initiate debit of for any debit or credit entries in error to my (our) account, and for upon receipt of a draft returned to RFPU due to insufficient funds in applicable fees (\$30).	the banking facility indicated above to de	ebit or credit the same to such acc	ount. I (we) understand that	
SIGNATURE		DATE		
AUTOMATIC CREDIT OR DEBI CREDIT/DEBIT CARD TYPE (CIRCLE ONE) VISA NAME AS SHOWN ON CARD (PLEASE PRINT)	MASTER DISCOV		NEW CANCEL CHANGE	
CARD BILLING ADDRESS				
CARD NUMBER				
EXPIRATION DATE I (we) authorize the Redwood Falls Public Utilities to initiate entries back due to credit or debit card misuse, the City may cancel the dro	 s for payment of my (our) utility bill on th		_	
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.