

EFFECTIVE	SCANNED

## **REDWOOD FALLS PUBLIC UTILITIES RECURRING PAYMENT FORM**

CUSTOMER NAME	OMER NAME ACCOUNT NUMBER			
ADDRESS				
CITY	STATE	ZIP		
PHONE	EMAIL			
Please fill out ON	NE of the two boxes below			
Mail: City of Redwood Falls Attn: Amy Kerkhoff PO Box 526 Redwood Falls, MN 56283	Fax: 507-637 Email: akerkho	/-2417 ·ff@ci.redwood-falls.mn.u	s	
BANK NAME			NEW CANCEL CHANGE	
BANK ADDRESS				
CHECKING SAVINGS (CIRCLE ONE)	ROUTING			
	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 the upon receipt of a draft returned to RFPU due to insufficient funds in applicable fees (\$30).	he banking facility indicated above to	debit or credit the same to such acco	ount. I (we) understand that	
SIGNATURE		DATE		
AUTOMATIC CREDIT OR DEBI			NEW CANCEL	
CREDIT/DEBIT CARD TYPE (CIRCLE ONE) VISA  NAME AS SHOWN ON CARD (PLEASE PRINT)	MASTER DISCO	VER	CHANGE	
CARD BILLING ADDRESS				
CARD NUMBER				
EXPIRATION DATE	SECURIT	TY CODE	-	
I (we) authorize the Redwood Falls Public Utilities to initiate entries back due to credit or debit card misuse, the City may cancel the dra			upon receipt of a draft charge	
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.