

SCANNED

REDWOOD FALLS AIRPORT RECURRING PAYMENT FORM

NAME					
ADDRESS					
CITY		STATE		ZIP	
PHONE		EMAIL			
Plea	se fill out ONE of	the two bo	kes below and ret	turn via:	
Mail: City of Redwood Falls		Fax:	507-637-2417		
Attn: Amy Kerkhoff					
PO Box 526 Redwood Falls, MN 56283		Email:	akerkhoff@ci.red	wood-falls.mn.us	
AUTOMATIC CHE	CKING OR SAVIN	GS AUTHOR	ΙΖΑΤΙΟΝ		NEW
					CANCEL
BANK NAME					CHANGE
BANK ADDRESS					
CHECKING SAVINGS (CIF	CLE ONE) ROL	JTING			
	ACC	OUNT NUMB	ER		
I (we) authorize the City of Redwood Falls to init any debit or credit entries in error to my (our) an receipt of a draft returned to the City due to inst applicable fees (\$30).	ccount, and for the banking	g facility indicated	above to debit or credit the	e same to such account.	I (we) understand that upon
SIGNATURE			DAT	E	
AUTOMATIC CRE	DIT OR DEBIT CA	RD AUTHOR	IZATION		NEW CANCEL
CREDIT/DEBIT CARD TYPE (CIRCLE O			ASTER		CHANGE
NAME AS SHOWN ON CARD (PLEASE	·				_
CARD BILLING ADDRESS					_
CARD NUMBER					
EXPIRATION DATE SECURITY CODE					
I (we) authorize the City of Redwood Falls to init due to credit or debit card misuse, the City may			. ,	understand that upon re	ceipt of a draft charge back
SIGNATURE			DAT	E	

NOTE: If you have any changes with your checking, savings, credit or debit card account, please report these changes immediately to the City of Redwood Falls by calling 507-637-5755 to allow sufficient time to process these changes. Deadline to process changes will be the 20th of the month.