



EFFECTIVE \_\_\_\_\_

SCANNED \_\_\_\_\_

## REDWOOD FALLS AIRPORT RECURRING PAYMENT FORM

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

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

Fax: 507-637-2417

Email: [akerkhoff@ci.redwood-falls.mn.us](mailto:akerkhoff@ci.redwood-falls.mn.us)

### AUTOMATIC CHECKING OR SAVINGS AUTHORIZATION

- |                          |        |
|--------------------------|--------|
| <input type="checkbox"/> | NEW    |
| <input type="checkbox"/> | CANCEL |
| <input type="checkbox"/> | CHANGE |

BANK NAME \_\_\_\_\_

BANK ADDRESS \_\_\_\_\_

CHECKING      SAVINGS      (CIRCLE ONE)

ROUTING \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

*I (we) authorize the City of Redwood Falls to initiate debit or credit entries for payment of my (our) airport 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 the City due to insufficient funds in my (our) checking or savings account, the City may cancel the drafting of my airport bill and charge applicable fees (\$30).*

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### AUTOMATIC CREDIT OR DEBIT CARD AUTHORIZATION

- |                          |        |
|--------------------------|--------|
| <input type="checkbox"/> | NEW    |
| <input type="checkbox"/> | CANCEL |
| <input type="checkbox"/> | CHANGE |

CREDIT/DEBIT CARD TYPE (CIRCLE ONE)      VISA      MASTER

NAME AS SHOWN ON CARD (PLEASE PRINT) \_\_\_\_\_

CARD BILLING ADDRESS \_\_\_\_\_

CARD NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_ SECURITY CODE \_\_\_\_\_

*I (we) authorize the City of Redwood Falls to initiate entries for payment of my (our) airport 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 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.**