



City of Montevideo BANK AUTHORIZATION

Customer Name (please print)

Bank Account Number

Service Address

Bank Routing Number

Utility Account Number

Checking _____ Savings _____

Bank Name

Bank Mailing Address

City

State

Zip Code

You are hereby authorized, until such time as I may cancel this arrangement, to pay to the City of Montevideo, the amount of my utility bill each month as it becomes due.

Customer Signature

Date

Please mail completed form to: City of Montevideo PO Box 517 Montevideo MN 56265
or email completed form to: montevideo@montevideomn.org
or fax completed form to: 320.269.9340