



City of Washburn

907 Main Ave
PO Box 467
Washburn, ND 58577

701-462-8558

DIRECT PAYMENT APPLICATION

I authorize the City of Washburn to initiate electronic debit entries to my _____ Checking Account (or) _____ Savings Account for payment of my utility bill.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

Customer Name _____ Service Address _____

Account _____

Signature _____ Date _____

Financial Institution (Please Print) _____

Financial Institution Routing Number _____

Financial Institution Account Number _____

Financial Institution City and State _____

Please include a voided check.