

# CITY OF SHERBURN

21 E FIRST ST  
SHERBURN, MN 56171

507-764-4491

## DIRECT PAYMENT APPLICATION

I authorize the CITY OF SHERBURN 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**

**Phone**

**Signature**

**Date**

Financial Institution (Please Print)

Financial Institution Routing Number

Financial Institution Account Number

Financial Institution City and State

Please include a voided check.