

VILLAGE OF GRANTSBURG

AUTHORIZATION FOR DIRECT PAYMENT

I authorize the Village of Grantsburg and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the Village and the financial institution a reasonable opportunity to act on it.

(Name of Financial Institution) (Branch)

(City) (State) (Zip Code)

Financial Institution Routing Number _____
(On bottom left of your check)

Checking _____ or Savings _____ Account No. _____

(Name – Please Print) (Telephone Number)

(Address – Please Print)

(Signature) (Date)

Water/Sewer/Refuse Account #

ATTACH VOIDED CHECK