

# 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.

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(Name of Financial Institution) \_\_\_\_\_ (Branch) \_\_\_\_\_

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(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

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

Checking \_\_\_\_\_ or Savings \_\_\_\_\_ Account No. \_\_\_\_\_

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(Name – Please Print) \_\_\_\_\_ (Telephone Number) \_\_\_\_\_

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(Address – Please Print) \_\_\_\_\_

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(Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

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Water/Sewer/Refuse Account # \_\_\_\_\_

**ATTACH VOIDED CHECK**