



CITY OF ST. JOSEPH

www.cityofstjoseph.com

AUTHORIZATION FOR DIRECT PAYMENT

I authorize the City of St. Joseph and the financial institution named on the attached voided check to initiate debit entries (deductions) to my checking/savings account. I understand that this authorization will continue in force unless discontinued by my written request. Please continue to pay your bill until the following message appears on your bill "AUTO PAY - DO NOT PAY". If at any time I decide to change banks or discontinue this payment service, I will notify the City of St. Joseph in writing 30 days prior to any change. The City of St. Joseph requires a new authorization form be filled out in the case of a change in banks/bank accounts.

Utility Account Information (Please Print)

Service Address _____

Account # _____ - _____ - _____

Full Name _____ Phone # _____

Signature _____

Co-Signature (for Joint Account) _____

Financial Institution Information

Financial Institution Name _____

Address _____ City _____ State _____ Zip _____

Routing # _____ Account # _____

Type of Account (Check One): Checking Savings

PLEASE ATTACH A VOIDED CHECK OR SAVINGS DEPOSIT SLIP TO THIS FORM

Return this form via mail, drop box, or in person:

City of St. Joseph
Attn: Utility Billing
75 Callaway St E
St. Joseph, MN 56374