



PO Box 69
Avon, MN 56310
office: 320.356.7922
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AUTHORIZATION FOR DIRECT PAYMENT

I authorize the **CITY OF AVON** and the financial institution named below to initiate electronic entries to my checking account. This authority will remain in effect until I notify Avon City Hall and the bank in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying the Avon City Hall **FIVE** days before my account is charged.

(NAME OF FINANCIAL INSTITUTION) (Routing Number) (Account Number)

NAME – PLEASE PRINT) (PROPERTY ADDRESS – PLEASE PRINT)

(SIGNATURE) (PHONE NUMBER) (DATE)

PAYMENTS WILL BE DEDUCTED FROM YOUR ACCOUNT ON THE THIRD THURSDAY OF THE MONTH DUE.