ACH BANK AUTHORIZATION FORM

DATE
NAME
CITY ACCT #
NAME OF BANK
BANK ADDRESS
BANK ROUTING #
BANK ACCOUNT #
You are hereby authorized until such time as I may cancel this arrangement to debit my bank account and credit the account of the City of St. Paul, the amount of my utility bill. The transaction of this amount shall be acknowledged on my bank statement. Please attach a voided check. SIGNATURE