



CITY OF FREEPORT

125 Main Street E – PO Box 301 – Freeport, MN 56331 – 320-836-2112 – FAX 320-836-2116
For TTY/TDD Users 1-800-627-3529 or 711 Minnesota Relay Service www.freeportmn.org

AUTOMATIC WITHDRAWAL

I hereby authorize the City of Freeport (the City) to make recurring charges for the amount due on the utility billing account(s) referenced below on the billing due date each month. Authorization is given for recurring charges to the checking or savings account listed below, and, if necessary, the City may initiate adjustments for any transactions credited/debited in error. **Applications must be received by the 15th of the month, for automatic payment drafts beginning the following month.**

I agree not to dispute the City's recurring billing with my financial institution as long as the amount in question was for services rendered prior to cancellation of this agreement. I understand that if I have any problems or questions regarding my utility billings account(s), I should contact city hall for assistance. I agree to not dispute any charges from the City unless I have already made an effort, in good faith, to rectify the situation directly with the City and those efforts have failed.

I authorize this agreement to remain in effect until I provide written notice to the City of my intent to terminate this agreement. **To ensure timely cancellation, I recognize that such notification shall be provided at least 15 days prior to next scheduled transaction(s).** Upon termination of this agreement, I will make alternative payment arrangements.

I am aware of the City of Freeport's non-sufficient funds returned payment policy. If two non-sufficient funds payments are presented within a one year time period, the City will automatically terminate this agreement. Customers presenting two payments within one year against non-sufficient funds shall be required to make all future payments in cash.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

I ask that the data provided in this agreement be handled by the City in accordance with Minnesota Data Practices Act.

I, hereby, guarantee and warrant that I am legal owner of this checking or savings account, and that I am legally authorized to enter into this recurring billing agreement with the City of Freeport.

Please return the bottom portion of this notice if you wish to enroll in Automatic Withdrawals or E-billing.

I AUTHORIZE THE CITY OF FREEPORT TO INITIATE ELECTRONIC DEBIT ENTRIES TO MY	
<input type="checkbox"/> Checking Account (or) <input type="checkbox"/> Savings Account For the payment of my utility bill(s)	
CUSTOMER NAME	SERVICE ADDRESS/PHONE NUMBER
UTILITY ACCOUNT(S) NUMBER	ADDITIONAL UTILITY ACCOUNT(S) NUMBER
SIGNATURE	DATE
(ATTACH A VOIDED CHECK)	
FINANCIAL INSTITUTION	FINANCIAL INSTITUTION ROUTING NUMBER
FINANCIAL INSTITUTION ACCOUNT NUMBER	FINANCIAL INSTITUTION CITY & STATE

E-Billing

We are now offering e-billing! What this means for you? You can now receive your monthly utility bill by email instead of in paper form. If you wish to enroll in e-billing, please provide an email address below. If at any time you wish to return to receiving a paper bill by mail you will need to notify the city.

EMAIL ADDRESS: _____

The City of Freeport is an Equal Opportunity Provider