



City of Lismore

249 East 2nd Street • P.O. Box 188 • Lismore, MN 56155

(507)472-8779 Fax (507)472-8769

lismore@myclearwave.net • lismore.govoffice2.com

Direct Payment

We are please to be able to offer you the service of the Direct Payment Plan.

Now you can have your payment made automatically from your checking or savings account. And you don't have to change your present banking relationship to take advantage of this service.

Here's how the Direct Payment Plan works:

You authorize regularly scheduled payments to be made from your checking or savings account on or about the 10th of each month. Then, you sit back and relax. Your payments will be made automatically on the specified day. And proof of payment will appear with your bank statement and on your billing card each month.

The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. If the amount of your payment changes, we will notify you at least 10 days before payment date (the amount will be provided on your utility bill).

The Direct Payment Plan is dependable, flexible, convenient and easy. To take advantage of this service, complete this form and return it to us.

AUTHORIZATION FOR DIRECT PAYMENT

I authorize the City of Lismore 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 financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

State Bank of Lismore

Lismore, MN 56155

Signature _____

Name-Please Print _____

Address _____

Account Number _____ Checking _____ Savings _____

Financial Institution Routing Number: **091206062**

RETAIN FOR YOUR RECORDS

On _____ I authorized the City of Lismore – Water Fund

Address: 249 East 2nd Street, Lismore, MN 56155

Phone (507)472-8779

To initiate electronic entries to my checking/savings account and have agreed to the terms listed on the authorization. I may revoke authorization with the company at any time by writing to address above.

Initial payment amount \$ _____ Regular Payment date on or about the 10th of each month.