Frazee
MINNESOTA

DIRECT PAYMENT APPLICATION ACH FORM

UTILITY ACCOUNT INFORMATION

Full Name on Account:	Account Number:
Service Address:	
Email:	Phone:

FINANCIAL INSTITUTION INFORMATION

Name of Financial Institution (Please Print):	
Financial Institution City and State:	
Routing Number:	
Account Number:	
☐ Personal ☐ Checking ☐ Savings	☐ Business ☐ Checking ☐ Savings

ACCOUNT VERIFICATION

Attach Voided Check or deposit ticket here (a letter from your financial institution can be attached as an alternative to verify your account)

I authorize the CITY OF FRAZEE to initiate electronic debit entries to my _____ Checking Account (or) _____ Savings Account for payment of my utility bill.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have canceled it in writing.

Applicant's Signature

(218) 334-4991 www.frazeecity.com