



101 Main St. S.
PO Box 367
Pierz, MN 56364

Direct Payment Application

I authorize the City of Pierz to initiate debit entries to my Checking Account_____ (or) Savings Account_____ to start on _____ for the dollar amount listed on my monthly 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 cancelled it in writing.

Customer Name _____

Service Address _____

Phone _____ Acct Number _____

Signature _____ Date _____

Financial Institution (Please Print) _____

Routing Number _____

Account Number _____

Financial Institution City and State _____

Please include a voided check