



CITY OF JORDAN AUTOMATIC PAY APPLICATION

210 East First Street, Jordan, MN 55352
Phone: 952-492-2535 Fax: 952-492-3861
www.jordan.govoffice.com

I would like to enroll in:

- Automatic Payment.** Payments are automatically withdrawn from your checking account on the due date listed on the statement. **Complete bank information below.**
- Monthly Billing.** Monthly billing is available to account holders who are enrolled in the City of Jordan automatic payment service. **Complete bank information below.**
- Budget Billing.** Budget billing allows account holders to pay the same amount each billing, based on the previous year's usage, which will help avoid fluctuations in charges. A catch-up provision in November will adjust for over or under charges throughout the year. This option is available to those who are enrolled in the City of Jordan's automatic payment service. **Complete bank information below.**

I authorize the CITY OF JORDAN to initiate electronic debit entries to my checking account for payment of my utility bill(s).

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(s) _____

Service Address _____

Utility Account Number _____

Financial Institution (Please Print) _____

Financial Institution Routing Number _____

Financial Institution Account Number _____

Financial Institution City and State _____

**** Include a voided check ****

- Please enroll me in the City of Jordan's automatic payment program. I authorize the City of Jordan to collect payment of my utility bill by initiating debit entries (deductions) to the bank account shown on the attached voided check (**required**)
- Payments will be deducted from my bank account on the due date listed on the utility bill or the first business day thereafter if the due date falls on a weekend or holiday.
- I understand that this authorization will remain in effect until discontinued at my request.

Signature _____ Date ____/____/____

By signing this form, you authorize the automatic payment services as outlined above.