

**AUTHORIZATION FOR DIRECT PAYMENT**

I authorize **CITY OF BELLECHESTER** and **First Farmers & Merchants National Bank** to initiate entries to my checking/savings accounts for the sole purpose of utility payments. This authority will remain in effect until I stop payment or change payment amount by notifying my financial institution 3 days before my account is charged. This deduction will take place on or about the 20<sup>th</sup> of the month.

\_\_\_\_\_  
(NAME OF FINANCIAL INSTITUTION) (BRANCH)

\_\_\_\_\_  
(CITY) (STATE) (ZIP CODE)

Account No. \_\_\_\_\_ Checking \_\_\_\_\_ or Savings \_\_\_\_\_

Financial Institution Routing Number \_\_\_\_\_

(Between these symbols ⋮ ⋮ on the bottom left of your check)

Amount \$ \_\_\_\_\_

\_\_\_\_\_  
(SIGNATURE) (DATE)

\_\_\_\_\_  
(NAME – PLEASE PRINT)

\_\_\_\_\_  
(ADDRESS – PLEASE PRINT)

**CITY OF BELLECHESTER**

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Bellechester, MN 55027  
651-923-4093  
bellechester@sleepyeyetel.net