

**CITY OF OTTERTAIL**  
**239 MN Hwy 78 N**  
**P.O. Box 245**  
**Ottertail, MN 56571**  
**Telephone: (218) 367-2250**  
**Fax (218) 367-2251**  
**E-mail: otcity@lakesplus.com**

**AUTHORIZATION FOR DIRECT PAYMENT**

I authorize **The City of Ottertail** 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.

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

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

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

\_\_\_\_\_  
(NAME – PLEASE PRINT)

\_\_\_\_\_  
(ADDRESS – PLEASE PRINT)

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

Financial Institution Routing Number \_\_\_\_\_  
(Between these symbols : : on the bottom left of your check)

**RETAIN FOR YOUR RECORDS**

On \_\_\_\_\_ I authorized  
(DATE)

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

Initial payment amount: \$ \_\_\_\_\_

Regular payment date: **The last working day of each month**

**\* ATTACH A VOIDED CHECK HERE \***

The City of Ottertail is an Equal Opportunity Provider and Employer