



Authorization Agreement for Automatic Payments

305 E Luverne St, PO Box 659
 Luverne, MN 56156
 (507) 449-2388
 www.cityofluverne.org

Customer Name: _____ Account Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Utility Account Accounts Rec Luverne Area Aquatics & Fitness

Checking/Savings Account Information	
Bank Name:	
Bank Address:	
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Routing Number:	
Account Number:	
<small>I/We authorize the City of Luverne to initiate debit or credit entries for payment of my (our) utility bill on the due date, and for the banking facility indicated below debit or credit the same to such account. I/We understand that upon receipt of a draft returned due to insufficient funds in my (our) checking or savings account, the City of Luverne may cancel the drafting of my bill and charge applicable fees.</small>	
Signature:	Date:

Credit/Debit Card Information	
Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard	
Name as shown on card:	
Card Number:	
Expiration Date:	Security Code:
Account Number:	
<small>I/We authorize the City of Luverne to initiate entries for payment of my (our) utility bill on the due date. I/We understand that upon receipt of a draft charge back due to credit card misuse, the City of Luverne may cancel the drafting of my bill and charge applicable fees.</small>	
Signature:	Date:

NOTE: If you wish to stop the automatic drafting of your account or if you have changes in utility account number, checking account number or change in banks, please report these changes immediately to the City of Luverne by calling (507) 449-2388 in to allow sufficient time to process these changes.

****PLEASE ATTACH A VOIDED CHECK OR SAVINGS DEPOSIT SLIP HERE****

For Office Use Only	
Entered By:	
Date:	
For Bill Due Date: <input type="checkbox"/> this month <input type="checkbox"/> next month	
Approved by:	