



**AUTOMATIC DEBIT FOR
UTILITY BILLING STATEMENTS**

POLICY:

It is the intention of the City of Newfolden to work with utility customers by providing convenient and efficient options for utility bill payments. This policy addresses automatic debits to a customers authorized savings or checking account(s).

Approved financial institutions:

Marshall County State Bank

PROCEDURE:

1. The City of Newfolden will obtain written authorization from customers requesting this service.
2. Authorizations will be verified with the financial institution prior to approval of the debit request.
3. Only the amount documented on each monthly utility statement will be deducted.
4. Customers are responsible for record-keeping related to this transaction. Utility billing statements will be mailed monthly for this purpose.
5. Financial account data will be kept confidential and will not be shared with any other entity. Authorizations will be documented and stored for a minimum of 7 years.
6. Debits will be completed on or after the 15th of each month.
7. An account will be removed from the automatic debit process if two or more transactions fail to clear the bank as contracted.

Policy Approval:

(Mayor of Newfolden)

(Date)



AUTHORIZATION FOR "UTILITY CHECK"

I authorize the City of Newfolden to charge to my account, the amount authorized below, applied to my monthly Utility Bill for the following name and address:

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER(S): _____

Please deduct my/our Utility Check from the following account:

Checking Account Number: _____

Transit/ABA Routing Number: _____

OR

Savings Account Number: _____

Transit/ABA Routing Number: _____

Name of Financial Institution: _____

Address: _____

Financial Institution Phone Number: _____

I understand the City of Newfolden will deduct a payment equal to the amount documented on each month's utility statement. I am responsible for all record keeping regarding this transaction. I understand the deduction will be made on or after the 15th of each month.

Signature: _____

Date: _____

Return to:
City of Newfolden
PO Box 188, 145 East First Street
Newfolden, MN 56738