

# City of Truman

## Direct Payment Authorization

I authorize the City of Truman 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 company a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial situation 3 days before my account is charged. The payment will be withdrawn on the 22nd of the month, unless it falls on a weekend or holiday, then it be the next business day.

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Name of financial institution

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City

State

Zip Code

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Name – Please Print

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Address – Please Print

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Account Number

(circle) checking or savings

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Routing Number (bottom left of your check)

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Signature

\*\*\*\*Please attached a VOIDED check or proof from your bank on your account information\*\*\*\*

202 West Ciro St, Truman, MN 56088

Ph: 507-776-7951 Fax: 507-776-7750