



Phone: 218-328-6225
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305 N.W. First Avenue • Cohasset, Minnesota 55721

AUTHORIZATION FOR DIRECT PAYMENT

I authorize the City of Cohasset and the financial institution named below to initiate entries to my checking/savings account. This authorization will remain in effect until I notify the City of Cohasset, in writing, at least 30 days in advance of the date I wish to cancel automatic payment service. I understand the City of Cohasset may discontinue this service if I have two payments returned due to insufficient funds during a 12 month period. Please note that a \$30 NSF fee may be charged on every dishonored or returned check.

Name of Financial Institution

Financial Institution Routing Number

Checking Account

Savings Account

Account #: _____

Important Notice: Attach an unsigned check marked "void" showing your complete account number with financial institution.

Name: _____
Please print Date

Bank Account Holder Signature: _____

Service Address: _____

Utility Account No. _____

Telephone No. _____

Please return this form to: City of Cohasset, PO Box 366, Cohasset, MN 55721