Please complete and sign the form below and mail to:

Grand Forks Utility Billing
P.O. Box 5200
Grand Forks, ND 58206-5200

Utility Billing

City of Grand Forks

255 North Fourth Street - P. O. Box 5518 - Grand Forks, ND 58206-5518

(701) 746-2670
Fax # (701) 787-3740

Account _____

Service Address:_____

AUTOMATIC WITHDRAWAL AUTHORIZATION

I, _____, authorize the City of Grand Forks and my financial institution to initiate monthly entries to my account to automatically pay my City of Grand Forks utility bill. I have read and understand the rules and regulations listed here:

1. Payments will be deducted from my account on the 20th of each month. If the 20th is a holiday or weekend, the payments will be deducted on the next business day.
2. If my account does not have the necessary funds on the 20th, I will be charged a $35.00 fee by the City of Grand Forks in addition to any fee charged by the bank.
3. This authority will remain in effect until I notify the City of Grand Forks Utility Billing Office **in writing** to terminate automatic payment. This notification must be received in the Utility Billing Office before the 1st of the month in which I intend to cancel this authority.
4. I will receive my monthly statement.
5. If this form, along with a voided check, is received in our office on or before the 28th of the month, the first withdrawal from your bank account will take place the following month. At that time the words "Automatic Withdrawal" will appear on your monthly statement.

SIGNATURE:_____ DATE:_____

A VOIDED CHECK FOR THE CHECKING ACCOUNT FROM WHICH THE AUTOMATIC PAYMENT IS TO BE WITHDRAWN IS REQUIRED BEFORE THIS SERVICE MAY BE SET UP.