5959 Main Avenue NE, P.O. Box 9, Albertville, MN 55301
Office 763-497-3384 Fax 763-497-3210

NOTE: Be sure to sign the form!

AUTHORIZATION FOR DIRECT PAYMENT (PLEASE PRINT)

Service Address: _____

Account No. : _____

Name of Resident: _____
(First) (MI) (Last)

Phone No.:_____
(Day) (Cell)

I authorize the City of Albertville to initiate electronic debit entries from my (please choose one):

☐ Checking account OR ☐ Savings account

I authorize the City of Albertville to automatically debit my bank account, around the 15th of every month, my current utility bill balance.

I acknowledge that the origination of ACH transactions from my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

I understand I will receive notice of the billing prior to debit via (please circle one): US Post Office E-mail

E-mail Address: _____

Voided Check Here after filling out information below

_____ _____
Financial Institution Routing / Transit Number Accounting Number at Financial Institution

_____ _____
Financial Institution Name Financial Institution City, State and Zip

Signature _____ Date _____

City of Albertville e-bill and e-pay discount designation (please circle one):

Discount off my bill **FYCC** **Arena Improvement Fund** **Food Shelf**

PLEASE KEEP A COPY OF THE AUTHORIZATION FOR YOUR RECORDS

FOR OFFICE USE ONLY						
Month	Date Entered	Amount		Month	Dated Entered	Amount
☐ January	1/15/2026			☐ July	7/15/2026	
☐ February	2/16/2026			☐ August	8/14/2026	
☐ March	3/16/2026			☐ September	9/15/2026	
☐ April	4/15/2026			☐ October	10/15/2026	
☐ May	5/15/2026			☐ November	11/16/2026	
☐ June	6/15/2026			☐ December	12/15/2026	