City of Clearwater
605 CR 75 NW
Clearwater, MN, 55320
Phone: 320-558-2428
www.clearwatercitymn.gov

DIRECT PAYMENT APPLICATION

I hereby authorize the City of Clearwater (the City) to make recurring charges for the amount due on the utility billing account(s) referenced below on the 25th of each month. If the 25th of the month falls on a non-business day, payment will be drafted on the following business day. Authorization is given for recurring charges to the checking or savings account listed below, and, if necessary, the City may initiate adjustments for any transactions credited/debited in error. **Applications must be received by the 15th of the month, for automatic payment draft(s) beginning the following month.**

I agree not to dispute the City's recurring billing with my financial institution as long as the amount in question was for services rendered prior to cancellation of this agreement. I understand that if I have any problems or questions regarding my utility billing account(s), I should contact city hall for assistance. I agree to not dispute any charges from the City unless I have already made an effort, in good faith, to rectify the situation directly with the City and those efforts have failed.

I authorize this agreement to remain in effect until I provide written notice to the City of my intent to terminate this agreement. **To ensure timely cancellation, I recognize that such notification shall be provided at least 15 days prior to next scheduled transaction(s).** Upon termination of this agreement, I will make alternative payment arrangements.

I am aware of the City of Clearwater's non-sufficient funds returned payment policy. If two non-sufficient funds payments are presented within a one year time period, the City will automatically terminate this agreement. Customers presenting two payments within one year against non-sufficient funds shall be required to make all future payments in cash.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

I ask that the data provided in this agreement be handled by the City in accordance with Minnesota Data Practices Act.

I am aware that the fees for this service shall be set forth by the Clearwater City Council and are subject to change without notice.

I, hereby, guarantee and warrant that I am legal owner of this checking or savings account, and that I am legally authorized to enter into this recurring billing agreement with the City of Clearwater.

Request to terminate authorization of recurring billing must be made in writing 15 days prior to the next scheduled payment to the City.

DIRECT PAYMENT APPLICATION

Applicants Information

Name: _____

Address: _____

Phone Number: _____**Utility Account Number:** _____

Additional Utility Account Number(s): _____

Financial Institution Information

Please attach voided check with application

Financial Institution: _____

Financial Institution City and State: _____

Routing Number: _____ **Account Number:** _____

Account information is: ☐ Checking ☐ Savings

Initial if no physical check: _____

Statements

I choose to receive my utility bill through email and opt out of paper bills: ☐ Yes ☐ No

Email: _____

I authorize the City of Clearwater to initiate electronic debit entries to my account for payment of my utility bill(s).

_____ _____

Property Owner/ Authorized Agent Signature **Date**

Please submit completed forms and payments to City Hall:

Email to astrohschein@clearwatercitymn.gov

Mail to PO Box 9, Clearwater, MN 55320 or

In person at 605 CR 75 NW, Clearwater MN 55320 or drop box in rear parking lot