

CITY OF OTSEGO

Automatic Pay Plan

Enrollment Form

Please enroll my account in Automatic Pay Plan.
Complete all sections. Please use a separate form for each account.

Name : _____ Customer #: _____

Service Address : _____

City : _____

State : _____ Zip Code : _____

Daytime Phone : (_____) _____
Area Code

Bank Information

CHECKING ACCOUNT

SAVINGS ACCOUNT

Routing Number* _____

Account Number _____

*Call your financial institution for this information.

I authorize the City of Otsego to instruct my financial institution to deduct my payments from my checking or savings account. If at any time I decide to change banks or discontinue this payment service, I will notify the City of Otsego 30 days prior to any change.

Signature _____

Date _____

Send to City of Otsego, 13400 - 90th Street NE, Otsego, MN 55330

Please continue to pay your monthly bill until your bill stub confirms your enrollment.