

**AUTHORIZATION FOR DIRECT PAYMENT**

I authorize CITY OF HENNING and First National Bank of Henning, Ottertail or Battle Lake to initiate electronic entries to my checking/savings account. This authority will remain in effect until I notify you and the bank in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying you or my financial institution 3 days before my account is charged.

\_\_\_\_\_  
(NAME OF FINANCIAL INSTITUTION) (BRANCH)

\_\_\_\_\_  
(CITY) (STATE) (ZIP CODE)

\_\_\_\_\_  
(SIGNATURE) (DATE)

\_\_\_\_\_  
(NAME – PLEASE PRINT)

\_\_\_\_\_  
(ADDRESS – PLEASE PRINT)

Account Number \_\_\_\_\_ Checking  Savings

Financial Institution Routing Number      **|**      **|**     

**PAYMENTS WILL BE DEDUCTED FROM YOUR ACCOUNT ON THE 20<sup>TH</sup> DAY OF THE MONTH DUE.**

**Termination of this Agreement:** Any owner may cancel this agreement by giving us a written notice. Your notice will be effective a maximum of seven (7) days after we receive it.

Effective: \_\_\_\_\_ (date) the undersigned cancels this Automatic Transfer Authorization.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_