



CITY OF FAIRMONT
100 DOWNTOWN PLAZA
FAIRMONT, MN 56031

DIRECT WITHDRAWAL / ELECTRONIC FUNDS TRANSFER (EFT)
CUSTOMER PAYMENT ENROLLMENT FORM

Instructions: Please complete all sections of the Enrollment Form and attach a voided check.
Mail to: City of Fairmont, 100 Downtown Plaza, Fairmont, MN 56031

SECTION 1 - CUSTOMER INFORMATION

ACCOUNT NUMBER:
CUSTOMER NAME (AS LISTED ON MONTHLY STATEMENT):
CUSTOMER'S ADDRESS:
CUSTOMER'S EMAIL ADDRESS:
TELEPHONE NUMBER:

SECTION 2: FINANCIAL INSTITUTION INFORMATION

BANK NAME:
BANK BRANCH ADDRESS:
BANK ROUTING TRANSIT NUMBER:
CUSTOMER BANK ACCOUNT NUMBER:
ACCOUNT TYPE (CHECKING, SAVINGS):

SECTION 3: CUSTOMER SIGNATURE

By signing this form, I authorize the City of Fairmont to initiate direct withdrawals from the checking account, as indicated on this form, on or after the 25th of the month. I may revoke or cancel this authorization and enrollment by notifying the City of Fairmont in writing at least fifteen (15) days prior to termination. Any change to the bank account, or a change in financial institution will require a new authorization form. Failure to notify the City of Fairmont of an account change will delay payment.

SIGNATURE
PRINTED NAME
DATE

ATTACH VOIDED CHECK HERE