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Email:
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901 Main Street, Littlefork, Minnesota 56653

<https://littleforkmn.gov>

ACH AUTHORIZATION FOR BANK DRAFT

I authorize the City of Littlefork and the financial institution named below to initiate entries to my checking/savings account to pay my water/sewer bill on the 25th of each month. This authorization will remain in effect until I notify the City of Littlefork to cancel it, giving a reasonable advance notice. **If insufficient funds are in my bank account, I may be removed from ACH.**

Name of Financial Institution

Branch

City

State

Zip Code

Financial Institution Routing Number _____
(the number between the symbols I: I: on the bottom left of your check)

_____ X _____
Your Name (please print) Signature Date

Address

_____ Checking _____ Savings _____
Your Bank Account Number

Type of Account: Business _____ Personal _____

Telephone Number of Financial Institution

Please include a voided check with this form.