

ACH Automatic Pay Plan Authorization for Utility Bills

Date: _____

I/We authorize the City of Rogers and the financial institution named on the attached voided check to initiate debit entries (deductions) to the account shown on the voided check.

Please print legibly

Financial Institution Name _____

Routing Number _____

Account Number _____

ATTACH WITH A VOIDED CHECK

I/We understand that this authorization will continue in force unless discontinued by my/our written request. Please continue to pay your bill until the following message appears on your bill "ACH DO NOT PAY". If at any time I/we decide to change banks or discontinue this payment service, I/we will notify the City of Rogers in writing 30 days prior to any change. The City of Rogers requires that a new authorization form be filled out in the case of a change in banks and/or bank accounts.

Signature _____

Full Name _____

Signature (for joint-account) _____

Full Name (for joint-account) _____

Address _____

Daytime Telephone Number _____

Attach Voided Check Here

Return to City Hall or one of the payment drop boxes:

City of Rogers
22350 S Diamond Lake Rd
Rogers, MN 55374

Drop Box Locations
12913 Main St
22350 S Diamond Lake Rd