

# *The City of Osakis*

## *Direct Payment Form*

***If you would like to have your monthly waterbill automatically debited out of your checking or savings account please fill out this form and return to the City of Osakis at the address listed below.***

***14 Nokomis Street East – PO Box 486  
Osakis, MN 56360  
Phone – 320-859-2150***

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Account # \_\_\_\_\_

I authorize The City of Osakis to debit my Financial Institution -

\_\_\_\_\_ Checking Account

Your Financial Institution Name \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

OR

\_\_\_\_\_ Savings Account

Your Financial Institution Name \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

for payment of my waterbill. I understand I will receive a monthly statement indicating the amount due.

This authorization will remain in effect until the City of Osakis has received notice from me.

Signature \_\_\_\_\_

Date \_\_\_\_\_