

AUTHORIZATION FOR DIRECT PAYMENT

I authorize **Blooming Prairie Public Utilities** and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify you 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 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) _____

Bank account no: _____ Checking _____ Savings _____

Financial Institution Routing Number _____
(Between these symbols !: !: on the bottom left of your check)