



DIRECT PAYMENT ENROLLMENT FILLABLE FORM Water Bills

(Please Type or Print):

Name: _____

Service Address: _____

Mailing Address: _____

Daytime Phone #: (____) _____ Email: _____

Water Billing Account Number: _____

To ensure the correct account number for your electronic payments and/or to obtain the ABA routing number, **contact your financial institution.**

Financial Institution: _____

ABA Routing Number: _____
(9 digit number, located in the lower left corner of your check)

Checking Account Number _____

(Attach a voided check (or email the picture) from this account)

I authorize the **City of Pipestone** to deduct my water bill payments from my checking account listed above. **I understand that I control my payments and if at any time I decide to discontinue this service, I will notify the City of Pipestone.**

I also understand that all information here will remain confidential.

Signature: _____ Date: _____

(This form cannot be processed without your signature)

Return Signed Form & Voided Check:

Email:

kpantekoek@cityofpipestone.com

Mail or Drop Off:

**City of Pipestone Office
119 2nd Ave SW; Suite 9
Pipestone, MN 56164**