Welcome to St. Augusta
WHERE COUNTRY MEETS COMMUNITY
1914 250th Street
St. Augusta, MN 56301

320-654-0387

DIRECT PAYMENT APPLICATION

I authorize the CITY OF ST AUGUSTA to initiate electronic debit entries to my ____ Checking Account (or) _____ Savings Account for payment of my utility bill. **MUST PICK ONE**.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

Customer Name_____ **Service Address**_____

Account #_____ **Phone #**_____**Email address**_____

Add Storm Water Account_____**yes Account #**_____

Date of debit **21st of each month*. By signing below, you agree to be bound by NACHA Operating Rules

Signature_____ **Date**_____

****A voided check or deposit slip is required**.

Drop off at city hall or email kclaussen@staugustamn.gov