



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

***All returned payments will be subject to a return payment charge of \$30.