

# AUTHORIZATION FOR "UTILITY CHEK"

I authorize the City of Thief River Falls Utilities Department to charge to my account, the amount of my monthly Utility Bill for the following name and address:

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Please deduct my/our Utility Chek from the following account:

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

Transit/ABA Routing Number \_\_\_\_\_

OR

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

Transit/ABA Routing Number \_\_\_\_\_

Name of Financial Institution \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Financial Institution Phone Number \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return to:  
Utilities Billing Office  
405 Third Street East  
PO Box 528  
Thief River Falls, MN 56701