

The City of Osakis

Direct Payment Form

If you would like to have your monthly waterbill automatically debited out of your checking or savings account please fill out this form and return to the City of Osakis at the address listed below.

***14 Nokomis Street East – PO Box 486
Osakis, MN 56360
Phone – 320-859-2150***

Name _____ Date _____

Address _____ Account # _____

I authorize The City of Osakis to debit my Financial Institution -

_____ Checking Account

Your Financial Institution Name _____

Routing Number _____

Account Number _____

OR

_____ Savings Account

Your Financial Institution Name _____

Routing Number _____

Account Number _____

for payment of my waterbill. I understand I will receive a monthly statement indicating the amount due.

This authorization will remain in effect until the City of Osakis has received notice from me.

Signature _____

Date _____