

Halstad Municipal Utilities

Direct Payment Authorization

I authorize the Halstad Municipal Utilities and Red River State Bank to initiate entries to my checking/savings account through an ACH payment.

Name: _____

Address: _____

Bank Name: _____

Routing #: _____

Bank Account #: _____

Type of Account: Checking or Savings

Date of Transaction: 7th or 21st of the month

Signature: _____

Please fill in the above information and sign this form. Return it to the Halstad Municipal Utilities at 405 2nd Avenue West, Halstad, MN 56548 or drop it off at the office.