



Submit Form

Phone: (320) 963-3611
Fax: (320) 963-6612
www.ci.maple-lake.mn.us

Make Your Life Easier With Automatic Bill Payment

The City of Maple Lake offers you the opportunity to pay your bill without writing a check. With your authorization we will, every month, automatically charge either your checking or savings account for the exact amount due on your water/sewer/refuse bill. At any time you desire, you may change or cancel your authorization by notifying us, in writing. It's simple, and there are a number of advantages for you like:

- Convenience:** No more wasting time writing checks, mailing or delivering bill payments.
- Cost Savings:** Save the cost of stamps and check fees.
- Peace of Mind:** Never pay a late charge again because of a forgotten payment or lost check.

Best of all, you have complete control over your bills. Just like today, you will receive your monthly statement prior to any automatic payment being made. Deductions from your checking or savings account will be made on the 25th of the month the payment is due or on the first day thereafter when the 25th falls on a holiday or weekend. So, you will have enough time to review your bill and contact us if you have any questions.

To sign up, just fill out the authorization form below, and return it with your payment.



AUTHORIZATION FOR AUTOMATIC PAYMENT

By completing this form, I authorize the City of Maple Lake and the financial institution named below to initiate entries to my checking/savings account. This authorization will remain in effect until I notify the City of Maple Lake, in writing, at least 30 days in advance of the date I wish to cancel automatic payment service. I understand the City of Maple Lake may discontinue this service if I have 2 payments returned due to insufficient funds during a 12-month period.

(Name of Financial Institution)

(Financial Institution Routing Number between these symbols |● |● on the bottom of your check)

Checking Account Savings Account Account Number: _____

Important Notice: Attach deposit slip or unsigned check marked "Void" showing your complete account number with the financial institution

Bank Account Holder (please print): _____

Bank Account Holder Signature: _____ Date: _____

Billing Address: _____

Telephone Number: _____

If you have any questions, please contact us at 320-963-3611.

Detach and return this form with your payment or mail to: City of Maple Lake
PO Box 757
Maple Lake, MN 55358-0757

For City Use Only	
Date Rec'd	_____
Date Entered	_____
Acct#	_____