



**HAWLEY PUBLIC UTILITIES**

**305 6<sup>TH</sup> ST, PO BOX 69**

**HAWLEY, MN 56549**

**PHONE: 218-483-3331 FAX: 218-483-3332**

**DIRECT PAYMENT AUTHORIZATION – PSN Back Office Payments**

I hereby authorize the Hawley Public Utilities to initiate electronic debit entries through Payment Service Network (PSN) Back Office Payment Process for payment of the amount due on my monthly utility account listed below. I understand that I will not be billed any additional fees for this service. Please debit my:

\_\_\_\_\_ Checking Account      *Payment will be debited from your account on the*  
\_\_\_\_\_ Savings Account      *10<sup>th</sup> of each month (or next business day)*

**Customer Name** \_\_\_\_\_ **Service Address** \_\_\_\_\_  
**Utility Account** \_\_\_\_\_ **Phone Number** \_\_\_\_\_  
**E-Mail Address (opt)** \_\_\_\_\_

Financial Institution *(Please Print)* \_\_\_\_\_

Financial Institution Routing Number \_\_\_\_\_

Financial Institution Account Number \_\_\_\_\_

Financial Institution City and State \_\_\_\_\_

**I hereby acknowledge that the origination of ACH transactions to my account must comply with the provisions of U. S. law. If I make any changes to my checking/savings account listed above I will notify Hawley Public Utilities immediately. This authority will remain in effect until I have cancelled it in writing.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**PLEASE VERIFY THAT ALL INFORMATION IS WRITTEN DOWN CORRECTLY!**

To ensure the security of the above information, please place this sheet in an envelope, seal and return it to City Hall by the 20<sup>th</sup> of the month. If the Authorization form is not received prior to the 20<sup>th</sup> of the month, your Direct Payment Option will not be activated until the following month.