City of Coon Rapids Utility Billing
Automatic Payment Authorization Form

Please complete the following information and mail this form to the City of Coon Rapids at the address listed below. **Please include a voided check.** You will continue to receive a bill each quarter informing you of the amount that will be drafted from your account on the "due date" specified. All future bills will be marked **"DO NOT PAY."**

_____
UTILITY BILLING CUSTOMER - ACCOUNT NUMER

_____
NAME

_____

SERVICE ADDRESS CITY STATE ZIP CODE

_____
BANK NAME BANK ROUTING NUMBER

_____
CHECKING OR SAVINGS ACCOUNT NUMBER

Check one: _____ Checking Account Number _____Savings Account Number

Phone Number: _____ Email Address: _____

I have given authority to the City of Coon Rapids to draw drafts against my account in payment for my Utility bill. will notify the City of Coon Rapids in writing if I decide to change or cancel use of automatic payments. I understand that the City of Coon Rapids may charge a processing fee if my account does not have sufficient funds to cover the amount of my bill.

_____
Signature(s) Date

Please include a void check with this form.

MAIL TO: City of Coon Rapids
ATTN: Utility Billing Department
11155 Robinson Dr.
Coon Rapids, MN 55433

Attention: Utility Billing