



CITY OF ORONOCO
Automatic Draft – Authorization Form

1. Complete and Sign form

Full Name: _____

Property Address: _____

Mailing Address: _____

Email: _____ Phone: _____

Utility Account number: _____

- I understand that my account will be drafted on the 21st of each month (or closest date due to a holiday or weekend). I have the right to stop automatic payment of my bill upon timely written notice to the City of Oronoco. I am responsible for keeping the City informed with current account information.

Bank Name: _____

Bank City and State: _____

Bank routing number: _____

Bank account number: _____

_____ Checking _____ Savings

- I hereby acknowledge that I am the account holder and I authorize the City of Oronoco to draft the amount of my monthly utility bill from the financial institution listed above.

Signature: _____ Date: _____

2. Send completed form to:

Mail: 115 2nd St NW, Box 195, Oronoco, MN 55960

Email: Oronococityhall@gmail.com

Fax: 507-367-4982

- For any questions on your account or the form, please contact City Hall at 507-367-4405 or oronococityhall@gmail.com.