



**UTILITY DEPARTMENT**  
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## MAKE PAYING BILLS EASIER SIGN UP FOR EMAIL BILLING AND/OR AUTO PAY

**\*\* SAVES TIME & PAPER; NO MORE WRITING CHECKS & BUYING POSTAGE; NO MORE LATE FEES \*\***

### PAPERLESS BILLING AND AUTO PAYMENT PLAN AUTHORIZATION FORM

#### ACCOUNT INFORMATION

UTILITY ACCOUNT #: \_\_\_\_\_ PHONE #: (\_\_\_\_) \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

#### AUTO PAYMENT ENROLLMENT

\_\_\_\_\_ YES, ENROLL ME IN THE AUTO PAYMENT PLAN, I AUTHORIZE THE CITY OF HERMANTOWN TO AUTOMATICALLY WITHDRAW MY UTILITY PAYMENT, ON THE DUE DATE, DIRECTLY FROM MY CHECKING OR SAVINGS ACCOUNT. (Your Bank Statement will be your Receipt)

TYPE OF ACCT: CHECKING \_\_\_\_\_ (ATTACH VOIDED CHECK) SAVINGS \_\_\_\_\_ (ATTACH DEPOSIT SLIP)

\_\_\_\_\_ NO, I WILL MANUALLY PAY MY BILL.

#### PAPERLESS BILLING ENROLLMENT

\_\_\_\_\_ YES, I WOULD LIKE TO ENROLL IN PAPERLESS BILLING. I UNDERSTAND I WILL NO LONGER RECEIVE A PAPER BILL AND MY BILL WILL BE SENT ON THE 1<sup>ST</sup> OF EACH MONTH TO THE EMAIL ADDRESS I SPECIFY BELOW. (Please add my Email listed above, to your Address Book)

EMAIL ADDRESS: \_\_\_\_\_

\_\_\_\_\_ NO, I DO NOT WANT TO ENROLL IN PAPERLESS BILLING.

#### AUTHORIZATION

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Your email address and bank account information will be secure, private and will not be shared or sold to any outside entities.

YOU MAY CANCEL EITHER OPTION AT ANYTIME, BY NOTIFYING US IN WRITING