



1902 E. 6th Ave.
Hibbing, MN 55746
Fax: 218-262-7733

DIRECT PAYMENT AUTHORIZATION FORM

No Stamps!

No Checks!

No Time!

No Trouble!

The easy way to pay bills!

- Your payments are paid automatically from your checking or savings account. You don't have to write checks.
- You save the time spent writing and mailing checks plus the cost of stamps, checks, and envelopes.
- Your bill is paid on time, every time. You never have to worry about forgetting a payment, or mailing it on-time.
- Automatic payments are extremely accurate. And there are no checks to be lost, stolen, or delayed in the mail.

To sign up for Direct Payment, stop in and complete the authorization form below. **It is required that you provide us with a voided check.**

Hibbing Public Utilities
Account #: _____

Name: _____

Address: _____

Home
Phone: _____

Daytime/
Additional Phone Number: _____

Additional Hibbing Public Utility
Account #'s: _____

I authorize the Hibbing Public Utilities to initiate variable entities to my account as described below:

FOR OFFICE USE ONLY		Beginning Month _____	
Financial Institution: _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="checkbox"/> (6-10) Group 1 <input type="checkbox"/> (11-14) Group 2	
Routing Number: _____	<input type="checkbox"/> Savings <input type="checkbox"/> Posted by: _____	<input type="checkbox"/> (15-19) Group 3 <input type="checkbox"/> (1-5) Group 4	
Account #: _____			

This authority is to remain in full force and effect until the HPUC has received written notification from the account holder of its termination in such time and manner as to afford the company reasonable opportunity to act on it. If you close the above HPUC account or move to another location, this withdrawal process will be terminated. The **direct payment** amount on your statement will include all adjustments made to your account. Please watch your statement closely and insure there are sufficient funds or a \$30.00 insufficient funds fee will be charged on your following Utility bill.

Signature: _____ Date: _____

****Please remember to attach a voided check to this form.**