

## AUTHORIZATION FOR "UTILITY CHEK"

I authorize the City of Thief River Falls Utilities Department to charge to my account, the amount of my monthly Utility Bill for the following name and address:

Name\_\_\_\_\_

Address\_\_\_\_\_

Telephone Number\_\_\_\_\_

Please deduct my/our Utility Chek from the following account:

☐ Checking Account Number\_\_\_\_\_

Transit/ABA Routing Number\_\_\_\_\_

OR

☐ Savings Account Number\_\_\_\_\_

Transit/ABA Routing Number\_\_\_\_\_

Name of Financial Institution\_\_\_\_\_

Address\_\_\_\_\_

\_\_\_\_\_

Financial Institution Phone Number\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return to:  
Utilities Billing Office  
405 Third Street East  
PO Box 528  
Thief River Falls, MN 56701