

# CITY OF GRAND MARAIS PUBLIC UTILITIES COMMISSION

#1 Please print your customer information:

NAME: \_\_\_\_\_

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

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

#2 Provide your signature for authorization:

I authorize the City of Grand Marais, or its agents, and the financial institution listed below to deduct my payments from the checking or savings account provided for each billing period. This authority will remain in effect until I have cancelled it in writing or a final bill has been issued.

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

#3 Provide the required financial information below:

FINANCIAL INSTITUTION \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

CHECK ONE:      CHECKING \_\_\_\_\_      SAVING \_\_\_\_\_

BANK ROUTING NUMBER \_\_\_\_\_

BANK ACCOUNT NUMBER \_\_\_\_\_

#4 MAIL ORIGINAL TO: Grand Marais Public Utilities Commission  
PO Box 600  
Grand Marais, MN 55604-0600