



FINANCE DEPARTMENT

207 Lafayette Street
P.O. Box 378
Winona, MN 55987-0378
507-457-8262
www.winonamn.gov

Direct Payment Form

Your Personal Information

Full Name: _____
Mailing Address: _____
City, State, Zip _____
Phone Number: _____ Email Address: _____

Utility Accounts to Enroll in Direct Payment

Utility Account Number: _____ Service Address: _____
Utility Account Number: _____ Service Address: _____

Bank Information

Bank Name: _____
Bank Account Type: (Check one) ☐ Checking ☐ Savings

Please attach a voided check for the account you wish to have your automatic payment withdrawn from. If you do not have a voided check, please attach a document from the bank on bank letterhead that lists the following information: the bank's name, account holder's name, account number, and routing number.

Authorization

By signing below, I authorize the City of Winona to automatically deduct my utility bill from my checking or savings account.

Signature: _____ Date: _____

Please Note

This will become effective with your next billing.

You will continue to receive a copy of your quarterly utility bill. Your bank statement will reflect the payment taken out of your account on the due date of your utility bill.