

**Please enroll me in the Automatic Payment Plan
with the City of Red Wing**

I would like the withdrawal taken from the following:

_____ *Checking Account* (a voided check must be
attached)

_____ *Savings Account* (documentation from your financial
institution with routing & account information)

Please Print

Service Address: _____

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Property Owner

Phone Number: _____

I understand that I will be notified on my City Services Bill when
automatic withdrawal from my bank account begins. I also
understand that I may cancel this plan at any time by notifying
the Public Works Department in writing. **Please return this
form to:**

City of Red Wing
Public Works Department
229 Tyler Road North
Red Wing, MN 55066

Signature: _____

Date: _____

