



PO Box 249  
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.

*Free! 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, or a savings deposit slip.*

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	Day of Month Posted by: _____	<input type="checkbox"/> 10 <sup>th</sup> <b>Group 1</b> <input type="checkbox"/> 17 <sup>th</sup> <b>Group 2</b> <input type="checkbox"/> 24 <sup>th</sup> <b>Group 3</b> <input type="checkbox"/> 3 <sup>rd</sup> <b>Group 4</b>
Financial Institution Address: _____			
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 \$20.00 insufficient funds fee will be charged on your following Utility bill.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*\*Please remember to attach a voided check, or a savings deposit slip to this form.*  
p.forms/cashiers/direct payment.doc



**DIRECT PAYMENT CANCELLATION**

I hereby authorize the Hibbing Public Utilities to discontinue or change the automatic withdrawal of payments from my account as described below:

**HPUC**  
**Account #:** \_\_\_\_\_

**HPUC**  
**Name:** \_\_\_\_\_

**HPUC**  
**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

Additional Hibbing Public Utility  
Account #'s:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*FOR OFFICE USE ONLY*

Date of Cancellation: \_\_\_\_\_

Signature: \_\_\_\_\_

Received by: \_\_\_\_\_  
(PUC Employee)

Date: \_\_\_\_\_

Date Posted: \_\_\_\_\_

Return to: Hibbing Public Utilities  
Cashier's Office  
PO Box 249  
Hibbing, MN 55746-0249  
Fax: 218-262-7733

**HPU** Hibbing  
Public  
Utilities  
**DIRECT PAYMENT CHANGE**

I hereby authorize the Hibbing Public Utilities to discontinue or change the automatic withdrawal of payments from my account as described below:

**HPUC**  
**Account #:** \_\_\_\_\_

**HPUC**  
**Name:** \_\_\_\_\_

**HPUC**  
**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

Additional Hibbing Public Utility  
Account #'s:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FOR OFFICE USE ONLY

Date of Change: \_\_\_\_\_

Signature: \_\_\_\_\_

Received by: \_\_\_\_\_  
(PUC Employee)

Date: \_\_\_\_\_

Date Posted: \_\_\_\_\_

Return to: Hibbing Public Utilities  
Cashier's Office  
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