



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	Day of Month	<input type="checkbox"/> 10 th Group 1
Financial Institution Address: _____			<input type="checkbox"/> 17 th Group 2
Account #: _____	<input type="checkbox"/> Savings	Posted by: _____	<input type="checkbox"/> 24 th Group 3
			<input type="checkbox"/> 3 rd Group 4

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
PO Box 249
Hibbing, MN 55746-0249
Fax: 218-262-7733