



Automatic Payment Form

Checking or Savings Account • Debit or Credit Card Account

How It Works: You authorize regularly scheduled payments to be made from your account automatically on the 12th of each month, otherwise specified for debit or credit card account.

The authority you give to charge your account will remain in effect until you notify us to terminate the authorization; this must be done 7 days in advance.

Automatic Payment from Checking or Savings Account

Your automatic payment will be applied to your account on the 12th of each month, starting _____ (month/year.)

Customer Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Park Region Account Number: _____

Name of Financial Institution: _____ **VOIDED CHECK REQUIRED**

Routing Number: _____ Account Number: _____

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Automatic Payment from Debit or Credit Card Account

Payment will be taken out on the _____ of each month. (If no date noted, payments will be taken on the 12th of the month.)

Name on Card: _____

Address: _____

City: _____ State: _____ Zip: _____

Park Region Account Number: _____

Type of Card (please check one): Visa MasterCard Discover

Credit Card Account: _____ Exp. Date: _____ CVV: _____

I authorize Park Region to initiate charges to my account noted, in payment of services. This authority will remain in effect until I give a 7 day advance notice.

Signature: _____ Date: _____

Email Address (for receipt): _____

Contact Number: _____

PLEASE RETURN FORM TO: Park Region • PO Box 277 • Underwood, MN 56586

218.826.6161 • www.parkregion.com • 218.998.2000