



112 King St. S. ~ PO Box 44  
Backus, MN 56435  
218.947.3221 ~ FAX 218.947.3221  
clerk@uslink.net ~ www.backusmn.com

**APPLICATION FOR WATER/SEWER SERVICE**  
***THIS IS A 3 PAGE APPLICATION. PLEASE COMPLETE ALL PAGES.***

Today's Date \_\_\_\_\_ Date Service is Requested \_\_\_\_\_

No. of Persons in Household \_\_\_\_\_ Heat Source \_\_\_\_\_

Last Name \_\_\_\_\_, First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Last Name \_\_\_\_\_, First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Street Address \_\_\_\_\_ Parcel No. \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Type of Ownership Proof Provided \_\_\_\_\_

THIS AGREEMENT is entered into, by and between the City of Backus, Minnesota, hereinafter called the "City" and the undersigned applicant(s) hereinafter called "the Customer" on the date indicated below.

1. The Customer hereby makes application for water/sewer service at the address set out herein and agrees to pay for such water/sewer service at rates established by the City from time to time, it being understood that **current** monthly rates are as follows:

**MONTHLY WATER/SEWER USAGE CHARGE**

**WATER:** \$27.50 Base Charge for use up to 4,700 gallons  
\$3.30 per 1,000 gallons of usage over 4,700 gallons

**SEWER:** \$41.00 Base Charge for water use up to 4,700 gallons  
\$3.30 per 1,000 gallons of water usage over 4,700 gallons

**TOWER SURCHARGE:** \$5.00 per month

The City of Backus is an Equal Opportunity Provider and Employer

2. The Customer understands that payment for water/sewer service is required in full by the date on the invoice of each month and that late charges will be assessed if payment is not made by the due date.
3. The Customer further understands that service may be disconnected for non-payment. The Customer will be notified of a pending disconnection and given the opportunity to make payment arrangements. The Customer agrees to pay a disconnection fee if water/sewer service is disconnected and a reconnection fee to restore service. The **current** disconnect fee is \$25.00 and the **current** reconnect fee is \$25.00.
4. The Customer understands that the monthly fee for water/sewer service shall be charged even if the water is disconnected, whether for non-payment or vacancy from the premises.
5. The City agrees to provide water/sewer service to the Customer subject to the provisions of the City Ordinance, rules and regulations for the operation of the water/sewer system.
6. The water meter on the premises is the property of the City and may be removed by the City upon termination of the service to the premises.
7. The Customer acknowledges receipt of the City's Freeze Run Policy which is relevant during the winter months.

**CUSTOMER**

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

\_\_\_\_\_ Date: \_\_\_\_\_  
Co-Applicant

**CITY OF BACKUS**

\_\_\_\_\_ Date: \_\_\_\_\_  
City Clerk/Treasurer

<b>FOR CITY ADMINISTRATION USE ONLY</b>	
ACCOUNT NUMBER _____	W/O COMPLETED BY _____
DATE W/O COMPLETED _____	METER READ _____
APPROVED _____	NOTES _____
NAME TO CONTACT _____ PHONE _____ <i>(IF OTHER THAN OWNER)</i>	

**CITY OF BACKUS  
APPLICANT DATA RECORD**

NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

SERVICE ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

Because the City of Backus has received federal funds through Rural Development for a sewer connection project completed during 2013, the City is required to request response on this application from all water/sewer utility customers.

The following information regarding race, color, or national origin designation is requested in order to assure the Federal Government that the City of Backus complies with Federal Laws prohibiting discrimination against applicants seeking utility services. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your request for services or to discriminate against you in any way. However, if you choose not to furnish this information, city personnel are required to note race/color/national origin of individual applicants on the basis of visual observation or surname.

Please check the appropriate information below.

**RACIAL CATEGORIES**

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander

**ETHNIC CATEGORIES**

- Hispanic or Latino
- Not Hispanic or Latino
- White

\_\_\_\_\_  
Signature of Applicant

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

\_\_\_\_\_  
Signature of Co-Applicant

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



First National Bank North  
 P.O. Box 520  
 Walker, MN 56484

## Authorization Agreement for ACH/Transfer Transactions

I (we) hereby authorize First National Bank North to initiate **debit/credit** entries to my (our) account(s) held at First National Bank North, and **debit/credit** the account at the financial institution indicated below. I (we) further authorize adjusting entries (reversals) to correct errors, if any. I (we) agree that I (we) shall indemnify and hold harmless First National Bank North from and against any and all claims, demands, losses, causes of action, and liability from this authorization. This authority will remain in effect until I (or either of us) notify the bank in writing at least **5 banking days** prior to the next settlement date. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. I (we) agree to be bound by NACHA Operating Rules. I (we) acknowledge First National Bank North has the right to audit my compliance with NACHA Operating Rules and terminate or suspend this agreement for breach of NACHA Operating Rules.

New Transfer     Change to an existing ACH/Transfer

FNBN Account Holder Information		
Customer Name	Individual ID Number	
Account Number		
Personal or Business	<input type="checkbox"/> Personal Account <input type="checkbox"/> Business Account	
Account Type	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan	
Debit/Credit	<input type="checkbox"/> Debit <input type="checkbox"/> Credit	
Account Holder Information ACH/Transfer going to/coming from		
Customer Name	Financial Institution	Individual ID Number
Routing Number	Account Number	
Personal or Business	<input type="checkbox"/> Personal Account <input type="checkbox"/> Business Account	
Account Type	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Debit/Credit	<input type="checkbox"/> Debit <input type="checkbox"/> Credit	
Transfer Information		
Amount	Frequency of Transfer	Start Date/Day of Transfer
If this date falls on a Saturday, Sunday, or bank holiday, this transfer will automatically be made on the following business day. First National Bank North will make every effort to complete this transfer unless circumstances beyond our control prevent the transfer, despite reasonable precautions that we have taken. All terms and conditions of your account agreement apply to this agreement.		
Customer Authorization		
SIGNATURE OF FNBN CUSTOMER	PRINTED NAME	DATE
TWO PARTY TRANSFER		
SIGNATURE OF 2 <sup>ND</sup> PARTY	PRINTED NAME	DATE
Employee Name	Date Form Received	
TERMINATE		
SIGNATURE	DATE	PRINTED NAME
		EFFECTIVE DATE



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## Credit Card Payment Authorization Form

I authorize regularly scheduled charges to my Credit/Debit Card. I will be charged the ***amount indicated on each monthly billing statement that I receive***. A receipt for each payment will be provided to me at the email listed below and the charge will appear on my Credit/Debit Card Account Statement.

I \_\_\_\_\_ authorize the City of Backus to charge my Credit/Debit Card for the ***total amount of my monthly Water & Sewer billing statement \*along with a card processing fee\**** beginning on \_\_\_\_\_ (Date) and on this day of the month every month. ***I understand that there is a service fee of 3.5% charged to my card with a minimum fee of \$2, that goes to the Credit Card Processing company, this service charge is not applied towards my water & sewer bill. I understand that no prior notification will be provided and that my card will be charged on the same day each month (unless that day falls on a weekend or a holiday in which case the card will be charged on the following business day). I understand that in the event of the City Clerk being out of the office that the charge may occur anytime within a week after this date, and I will plan for the payment to be made each month.***

### Billing Details:

Address on Card Statement: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

### Card Information:

- Visa  - MasterCard  - AMEX  - Discover

Card Holders Name: \_\_\_\_\_

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Security Code (CVV): \_\_\_\_\_

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