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Review Payment

Please review the information below and select Confirm to process your payment. Select Back to return to the previous page to make changes to your payment.

Payment Details

Description St Paul Asmts
Assessment Payment
<http://www.stpaul.gov>

Payment Amount \$164.04

Payment Date 07/22/2020

Payment Method

Bank Routing Number 091000022
Bank Name US BANK NA
Bank Account Number *7053
Bank Account Type Checking
Bank Account Category Business
Confirmation Email GRAMOS.AGAPE@GMAIL.COM

Contact Information

First Name REGINA
Last Name RAMOS
Address 1 311 AURORA AVE
City ST. PAUL
State MN
Zip Code 55103
Phone Number 6127206172
Email Address GRAMOS.AGAPE@GMAIL.COM

By clicking "I Accept", I authorize the payee to electronically debit my bank account for the amount(s) and at the frequency and date set forth above.

If this is a single payment, this authorization is valid for this transaction only. If this is a recurring payment, this authorization is to remain in full force and in effect until I notify my bank or notify the payee of its termination. I understand that I do this by canceling any pending payments and recurring payment instructions within this system at least three banking days before my account is scheduled to be debited.

If a convenience fee is added to the transaction, I understand that the convenience fee displayed will be included in the total payment amount.

In the event that a payment is returned for insufficient funds, I authorize the payee to electronically debit my bank account for the original amount of the transaction, as well as a returned item fee, up to the maximum amount allowed by law.

PLEASE PRINT A COPY OF THIS AUTHORIZATION FOR YOUR RECORDS