

(FOR OFFICE USE ONLY)

NAME:

ACCTNO:

Alburnett Utility Customer
AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS
DEDUCTED ON THE 20TH OF EVERY MONTH

SERVICE ADDRESS:

DATE:

I hereby request and authorize the below-named financial institution to pay and debit to the account identified below, payments drawn by and payable to the order of the Alburnett Utility Department. I may revoke this authority only by notice in writing by the undersigned to both the Bank and the Alburnett Utility Department which revocation will be effective 30 days after the notice is sent. I agree that both the Bank and the Alburnett Utility Department each separately may terminate the Automatic Bank Payment as to the undersigned at any time effective immediately upon notice being given to the undersigned at the last known address of the undersigned.

I request and authorize the Alburnett Utility Department to draw payments payable to the order of the Alburnett Utility Department on the account deducted on the 20th of every month. I agree that if for any reason a bill is not paid under this plan and is not otherwise paid prior to the time the same becomes delinquent, the Alburnett Utility Department shall be entitled to exercise any and all remedies available with regards to such unpaid delinquent bills.

NAME OF FINANCIAL INSTITUTION:

ADDRESS OF FINANCIAL INSTITUTION: _____

BANK TRANSITROUTING NO:

BANK ACCOUNT NUMBER:

TYPE OF ACCOUNT: CHECKING

NAME ON ACCOUNT: _____ SAVINGS

PLEASE ATTACH A VOIDED CHECK TO
ADDRESS.
BANK CODE AND ACCOUNT NUMBER

USE FOR VERIFICATION OF NAME,

Any previous and current bill must be paid in full before automatic bank payment becomes effective

PLEASE PRINT YOUR NAME

SIGNATURE