

# Auto Debit Authorization Form

## ***Authorization Agreement for Direct Payment***

I (we) hereby authorize Mauriceville Municipal Utility to initiate entries to my checking/savings accounts at the financial institution listed below, and, if necessary, initiate adjustments for any transactions debited in error. This authority will remain in effect until Mauriceville Municipal Utility is **notified by me (us) in writing to cancel it within 2 weeks prior to 1<sup>st</sup> business day of the month**, as to afford Mauriceville Municipal Utility and the financial institution listed below a reasonable opportunity to act on it. Mauriceville Municipal Utility will initiate entries the **1<sup>st</sup> business day** of the month that your bill is due. **The ACH file is sent 1-2 business days before and cannot be changed after it is sent to the bank.**

Customer Name(s)			
Customer Phone Number:			
Financial/Bank Institution			
Routing Number (Look between these symbols '@' at the bottom left of the check)			
Account Number			
Account Type		Checking	Savings

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE ATTACH A VOIDED CHECK BELOW**