

Auto Debit Authorization Form (Bank ACH)

- No fees charged
- Attach voided check or notification from bank stating checking account information
- Payment taken the 1st business day of the month
- No payment changes can be made 1-2 business days prior to 1st business day
- Notices of change in account information must be received 2 weeks prior to 1st business day
- Form must be received the 10th of the month for payment to take effect for current month

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. Mauriceville Municipal Utility will initiate entries the 1st business day of the month that your bill is due.

Customer Name(s)			
Email			
Customer Phone Number			
Financial/Bank Institution			
Routing Number (Look between these symbols ':' at the bottom left of the check)			
Account Number			
Account Type	<input type="checkbox"/>	Checking	Savings

Customer Signature _____ Date _____

PLEASE ATTACH A VOIDED CHECK BELOW

Auto Debit Authorization Form (Credit Card)

- Fees charged
- Payment taken the day indicated on form
- Notices of change in account information must be received 2 weeks prior to day of month for payment set below
- We will create a profile for you and the information will be sent to your email address

Authorization Agreement for Direct Payment

I (we) hereby authorize **Mauriceville Municipal Utility** to initiate entries to my credit card listed below. This authority will remain in effect until Mauriceville Municipal Utility is notified by me (us) in writing. Mauriceville Municipal Utility will initiate entries the day of the month that I(we) indicated below.

Profile Nickname	
Number of Payments (Set number or "Until I Cancel")	
Day of month for payment	
Email	
Account # (if you do not have one, we will fill in)	
Customer Name(s)	
Street (Name Only)	
Service Address	
Credit/Debit Card Number	
Expiration Date	
Name on Card	
Billing Address for Card	
Zip Code	
Phone Number	

Customer Signature _____ Date _____