

## Authorization Agreement for Direct Debit /ACH Debits

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Customer Name \_\_\_\_\_

Tax ID Number \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone Number \_\_\_\_\_

UTILITY ACCOUNT # \_\_\_\_\_

### MUST SUBMIT COPY OF A VOIDED CHECK WITH APPLICATION

I hereby authorize **COLUMBIA CITY MUNICIPAL UTILITIES** (COMPANY), to initiate Debit (credit entries for reversal or adjustment, for any debit entries created in error) to my account at the designated depository named below, hereinafter called DEPOSITORY.

If funds are not available on the date of withdrawal, you will be charged the same as a bad check charge.

IF FUNDS ARE NOT AVAILABLE FOR TWO MONTHS YOU WILL AUTOMATICALLY BE TAKEN OFF THIS PROGRAM.

I hereby accept responsibility to notify COMPANY, of any changes in the depository or account number, in a timely manner. I also agree to notify the COMPANY in the event of an error in this payment and assist them in resolving it.

FUNDS WILL BE DEDUCTED ON THE 18TH OF EACH MONTH.

THIS TAKES TWO MONTHS TO PROCESS.YOUR BILL WILL SHOW "DO NOT PAY" ONCE YOU HAVE BEEN APPROVED.

Depository (Financial Institution) Name: \_\_\_\_\_

City, State and Zip (depository): \_\_\_\_\_

ABA Number/Routing Number (9 digits): \_\_\_\_\_

Account Number: \_\_\_\_\_

\_\_\_\_\_ Checking \_\_\_\_\_ Savings

Signed: \_\_\_\_\_

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