

**Columbia City Municipal Utilities  
Authorization Agreement  
For Direct Debit/ACH Debit**

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

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

Address: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Business Tax ID Number: \_\_\_\_\_

**\*\*Important\*\***

- **A voided check must be attached to this application in order to proceed with the direct debit process.**
- **The direct debit process takes two months to take effect.**
- **Once the account has been approved for direct debit “Do Not Pay” will show in the total column of your utility bill.**
- **Funds will be deducted from your account on the 18<sup>th</sup> of each month.**

Financial Institution Information

Financial Institution Name: \_\_\_\_\_

Location (City, State, Zip): \_\_\_\_\_

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

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

Account Type:       Checking       Savings

I hereby authorize Columbia City Municipal Utilities to initiate debit entries, and if necessary, credit entries for reversal or adjustment for any debit entries created in error to my account at the designated financial institution named above. I accept the responsibility of notifying Columbia City Municipal Utilities of any changes to the financial institution or account number in a timely manner.

I agree to notify Columbia City Municipal Utilities in the event of an error and assist them in resolving the issue.

I agree that if funds are not available in my account on the date of withdraw, I will be charged the same as a bad check. I also agree that if funds are not available in my account on the date of withdraw, for two consecutive months, my account will be taken off of the direct debit program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Please check box – I certify my electronic signature is the legal equivalent to my manual signature*