

## HUNTINGBURG MUNICIPAL UTILITIES 508 East 4<sup>th</sup> Street; Huntingburg, IN 47542 Tel. (812) 683-2211

## **AUTOMATIC DIRECT PAY AUTHORIZATION**

(ACH DEBITS)

| <b>Customer Information:</b>   |  |  |
|--|--|--|
| Customer Name(s)   |  |  |
| Utility Service Address  |  |  |
| Utility Account Number(s)  |  | to be included)  |
|  | (list all accounts t   | to be included)  |
| <b>Depository Information:</b>   |  |  |
| Financial Institution Name_  |  |  |
| Address  | City   | StateZip Code  |
| Account Type: (check one)  |  | Attach voided check. Provide following information.  |
| Routing Number   |  |  |
| Account Number   |  |  |
| entries to my/our account at of making monthly payment commence in such time and authorization. I/We acknow contains insufficient funds to the protest fee for dishonored time; that this authorization aunpaid on the due date, shall of utility services if my/our at this authorization is written notification from me termination in such time and reasonable opportunity to ac | the financial institutes toward my/our use manner as affords eledge that if the account remains as a shall be terminated be assessed late paccount remains use to remain in full for (or either of us), of in such manner to the tupon it. | Force and effect until Huntingburg has received or my/our authorized representative, of its o afford Huntingburg and the Depository, a |
|  |  | Date   |
| Customer   |  | Date   |
|  |  |  |

## ATTACH VOIDED CHECK HERE