



New Albany Municipal Utilities

DEBIT AUTHORIZATION

I (we) hereby authorize (New Albany Municipal Utilities), hereinafter called COMPANY, to indicate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for (Application). I (we) acknowledge that the organization of ACH transactions to my (our) account must comply with provisions of U.S. law.

(FINANCIAL INSTITUTION)

(BRANCH)

CHECK TYPE OF ACCOUNT _____ CHECKING _____ SAVINGS

THIS AUTHORITY IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL COMPNAY HAS RECEIVED WRITTEN NOTIFICATION FROM ME (OR EITHER OF US) OF ITS TERMINATION IN SUCH TIME AND MANNER AS TO AFFORD COMPANY AND FINANCIAL INSITITUTION A REASONABLE OPPOTURNITY TO ACT ON IT.

(UTILITY ACCOUNT HOLDER'S NAME)

(SIGNATURE)

(UTILITIES ACCOUNT NUMBER)

(DATE)

(PHONE NUMBER)

(SERVICE ADDRESS)

ATTACH COPY OF VOIDED CHECK HERE