



## **NEW ALBANY MUNICIPAL UTILITIES**

311 Hauss Square, Suite 309 ~ New Albany, Indiana 47150

Tel. (812)-948-5399 ~ Fax. (812)-948-5344

### **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 origination of ACH transactions to my (our) account must comply with provisions of U.S. law.

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(Financial Institution Name)

(Branch)

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\_\_\_\_\_ Circle \_\_\_\_\_  
Type of Acct: **Checking** or **Savings**  
(Routing Number) (Account Number)

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

\_\_\_\_\_  
(Print Individual Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Utilities Account Number)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Phone Number)

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(Service Address)

(City)

**PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM!**