



New Albany Municipal Utilities

303 Scribner Drive, Suite 101

New Albany, IN 47150

Phone: 812-948-5399

Fax: 812-948-5344

www.cityofnewalbany.com

DEBIT AUTHORIZATION FORM

DEBIT AUTHORIZATION

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

The monthly payment will be withdrawn from the account on the **10th of every month**. Should the 10th of the month fall on a weekend and/or holiday, the account will be debited on the next business day.

Financial Institution Name: _____

Branch: _____

Type of Account:

_____ Checking

_____ Savings

Routing Number: _____ **Account Number:** _____

This authority is to remain in full force and effect until COMPANY has received written notification from me (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:** _____

Service Address: _____ **City:** _____

Phone Number: _____

Email Address: _____

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM!