

AUTHORIZATION AGREEMENT (ACH DEBIT)

Danville Municipal Water & Sanitation Utilities
49 N Wayne St
Danville IN 46122
317-745-4180 ext.1 317-745-3005 (fax)
Email: utilities@danvilleindiana.org

I hereby authorize **Danville Municipal Water and Sanitation Utilities** to initiate debit/charge entries to my account indicated below at the financial institution named below and to debit the same to such account. All ACH/Debits will be scheduled on the 1st of the month, unless it falls on a holiday or weekend in which case it would be on the next business day prior to the due date.

Financial Institution Information

Financial Institution Routing Number/ABA: _____

Financial Institution Name _____

Address _____

City/State _____

Customer's Personal Information

Checking Account Number _____

Or

Savings Account Number _____

Customer Name _____

Service Address _____

Utility Account Number _____

This authorization is to remain in full force and effect until written notification from me of its termination, **A MINIMUM OF 14 DAYS PRIOR TO THE NEXT SCHEDULED BILLING** of this account.

In the case where funds are unavailable in the above-mentioned account, I understand charges will be assessed by the Utility; the same as a bad check return charge.

SIGNATURE _____ **DATE** _____

TELEPHONE NUMBER _____

E-MAIL _____

PLEASE ATTACH A VOIDED CHECK FROM YOUR ACCOUNT and return this completed form at least 15 days prior to the next billing cycle to the Clerk-Treasurer's office – Utility Billing & Collection Department.

OFFICE USE ONLY

Effective Due Date _____ INCODE Entry Date _____

Staff Initials _____