



AUTHORIZATION AGREEMENT FOR DIRECT MONTHLY
BILL PAYMENTS

I(we) hereby authorize Black River Falls Municipal Utilities, hereinafter called, “Utilities”, to initiate debit entries to my (our) Checking/Savings (select one) indicated below at the depository financial Institution named below, hereinafter call “Depository”, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Financial (Bank)
Name _____ Address _____
City _____ State _____ Zip _____
Routing Number _____ Account Number _____

Type of Account Checking Savings

This authorization is to remain in full force and effect until the Utilities have received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Utilities and Depository a reasonable opportunity to act on it.

Customer Name (s) _____ Utility Account Number _____

Phone number(s) _____

Service Address _____

Effective date to start: _____

Date _____ Signature _____

If you wish to enclose a voided check, or with drawl slip so we can record the correct Depository information. We must receive written authorization in our office before the direct bill payment can be started.