



MUNICIPALLY OWNED AND OPERATED

# Mount Horeb Utilities

138 EAST MAIN STREET / MOUNT HOREB, WI 53572  
(608) 437-3084 PHONE / (608) 437-3190 FAX

## Automatic Payment Authorization Agreement

I hereby authorize Mt Horeb Utilities to initiate debit entries, in amounts shown on my utility bill, to my (our) account and the financial institution named on the attached check. This authority is to remain in full force and effect until Mt Horeb Utilities has received written notification from me (us) of its termination in such time and manner as to afford Mt Horeb Utilities and the financial institution a reasonable opportunity to act on it.

**Deductions will be made on the 5<sup>th</sup> of each month.** Only one attempt will be made to collect funds. If funds are not available a \$ 20.00 Non-Sufficient Funds fee will be assessed. If payment is not received by other means by the 10<sup>th</sup>, you will be charged a late fee. If funds are not available on two occasions within a one-year time period, you will be removed from the automatic payment option.

<p><b><u>Customer Information:</u></b></p> <p>Name: _____</p> <p>Utility Account Number: _____</p> <p>Service Address: _____</p> <p>Telephone Number: _____</p>
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<p><b><u>Account Information:</u></b></p> <p>Name(s) on Account: _____ <small>Both Required if Joint Account</small></p> <p>Account No. _____ Routing No. _____</p> <p>Type of Account:    Personal _____                      Business _____                                   Checking or Money Market _____ Savings _____</p> <p>Signature: _____ <small>Only One Required if Joint Account</small></p>
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Attach Voided Check