

Authorization Agreement for Automated Bill Payment

NAME(S) (as shown on bill):	Customers Account #:
Address:	City, State, Zip:

I _____ (Checking Account Holder) authorize my financial institution to debit my account for my monthly bill at the Monticello Utility Commission and post them to my bank account.

Bank Name:	Routing #:	Account #:
Address:		

ATTACH A VOIDED CHECK OR PERSONAL DEPOSIT SLIP SHOWING YOUR NAME AND CHECKING ACCOUNT NUMBER. I UNDERSTAND THAT I CONTROL MY PAYMENT, AND IF AT ANY TIME I DECIDE TO DISCONTINUE THE AUTOMATED BILL PAYMENT SERVICE, I WILL SEND WRITTEN NOTIFICATION TO MONTICELLO UTILITY COMMISSION AND MY FINANCIAL INSTITUTION.

Monticello Utility Commission
P. O. Box 549, Monticello, KY 42633

Signature

Date

Monticello Utility Commission
Automatic Bill Payment

Customer Name:

Account #:

SSN #:

I understand that:

My account is in billing cycle 1 therefore, my bank account will be debited no later than the 10th of each month.

I understand that:

My account is in billing cycle 2 therefore, my bank account will be debited no later than the 25th of each month.

I understand that the most current non-sufficient funds fee will be charged to my account in the event that there are insufficient funds in my bank account to cover my current bill.

I have reviewed this document and agree to the terms and conditions listed above.

Customer Signature:

Date:

Clerk: