

# 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 10<sup>th</sup> of each month.

I understand that: My account is in billing cycle 2. Therefore, my bank account will be debited no later than the 25<sup>th</sup> 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 condition listed above.

If you wish to be placed on our paperless billing option, please provide your email address & telephone number below. We will register your account online and send you an email with your login information. Once setup is complete, you will receive an email informing you that your bill is ready. All bills & information can be obtained upon sign in.  
Email address: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Customer Signature \_\_\_\_\_

Date: \_\_\_\_\_

Clerk: \_\_\_\_\_