

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name: RUSHVILLE CITY UTILITIES

Customer Name _____ Customer Acct# _____

I (we) hereby authorize RUSHVILLE CITY UTILITIES to initiate debit entries to my (our) **Checking Account/Savings Account (Circle one)** indicated below at the depository financial institution named below, hereinafter called 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.

Depository (Bank)

Name _____ Branch _____

City _____ State _____ Zip _____

Routing Account
Number _____ Number _____

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

Name(S) _____ Date _____
(Please Print)

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

All accounts will be debited on the 5th day of each month. All ACH customers will be sent a notice each month for your records. All accounts will be debited for the exact amount of the bill each month.

I (we) have read and understand the above statements.

Signature

Signature

PHONE NUMBER REQUIRED: _____