



**City of Bloomington Utilities
Authorization Agreement
for Preauthorized Payments**



I hereby authorize **City of Bloomington Utilities**, hereinafter called the COMPANY, to initiate ACH debits to the account identified below at _____, (your Financial Institution) and authorize the institution to charge such debits to my account.

Such debits shall be equal to **monthly utility bill** and payable **monthly** on the due date. Adjusting entries to correct errors are so authorized. It is agreed that these debits and adjustments will be made electronically and under the rules of the National Automated Clearing House Association (NACHA). This authorization is to remain in full force and effect until written notification is given to the COMPANY of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Final bills will not be withdrawn from your bank account.

CBU Customer Legal Name (Last, First, Middle format for individual)		
Service Address		CBU Account #
CBU Customer SSN	Date of Birth ____/____/____	
CBU Business Customer's Federal TIN	Date of Incorporation ____/____/____	
Name of your Financial Institution		
Routing Number	Account Number	Indicate Type of Account ____ Checking ____ Savings
Printed Name of Authorizing Party (bank account holder, if different than the CBU customer)		
Signature of Authorizing Party		
Date ____/____/20____		

Please mail to: **CITY OF BLOOMINGTON UTILITIES ACCOUNTING, P.O. Box 1216, BLOOMINGTON, IN 47402-1216**

OR

Fax to: **812-331-5407**

OR

Scan and email to: **utilities.cs@bloomington.in.gov**