



CITY OF BLOOMINGTON UTILITIES

Authorization Agreement for Preauthorized Payments

Please mail this form to CBU, PO Box 2500, Bloomington, IN, 47402-2500

Or email utilities.cs@bloomington.in.gov

Individuals:

First Name: _____ Last Name: _____

Service Address: _____

Commercial Customers:

Company Name: _____

Service Address: _____

Company TIN: _____ Date of Incorporation: ____/____/____

Banking Information:

Financial Institution: _____

Routing #: _____ Account #: _____

Account Type: Savings Checking

I hereby authorize City of Bloomington Utilities, hereinafter called the COMPANY, to initiate ACH debits to the account identified in this form 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.

Signature as Authorizing Party: _____ Date: ____/____/____

Final bills will NOT be automatically withdrawn from your bank account.

For Office Use - Account Number: _____