Electric & Water ACH (Automatic Clearing House) Form

Debit Authorization Form			
I (we) hereby authorize Reedsburg Utility Commission, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account. <u>I (we)</u> acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.			
Name(s) shown on RUC bill			
Service Address			
RUC Account Number	er Telephone #		
(Your Financial Institution	Name)		
(Address)	(City/State)	(Zip C	Code)
(Routing Number)	(Account Number)	_Type of Account:	Checking Savings
l would like my payments deducted each month (<mark>choose only one</mark>):			
\Box On the 5 th o	of the month	\Box On the 15 th of th	e month
Based on the information above, I hereby authorize Reedsburg Utility Commission to initiate entries to my account at the Financial Institution named on the enclosed voided check, and authorize that Financial Institution to debit my account for those entries. This authority is to remain in full force and effect until Reedsburg Utility Commission has received written notification from the consumer at least 30 days in advance of the next scheduled payment. I have the right to stop payment on an individual entry or to have entries corrected by timely notification to my Financial Institution. Reedsburg Utility Commission also has the right to cancel this agreement for insufficient payments to my account.			
I would like my account removed from ACH			
\square My account is already on ACH and I would like to change bank account information			
(Print Individual Name)		(Signature)	(Date)
(Print Individual Name)		(Signature)	(Date)
VERIFICATION OF YOUR BANK ACCOUNT IS REQUIRED! PLEASE PROVIDE A VOIDED CHECK OR LETTER ON YOUR FINANCIAL INSTITUTION'S LETTER			

ASE PROVIDE A VOIDED CHECK OR LETTER ON YOUR FINANCIAL INSTITUTION'S LETTI HEAD WITH THIS FORM AS VERIFICATION.