

Electric & Water ACH (Automatic Clearing House) Form

Debit Authorization Form

I hereby authorize Reedsburg Utility Commission, to initiate debit entries to my account(s) indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Name(s) shown on RUC bill _____

Service Address _____

Telephone # _____ Second Telephone # _____

RUC Account Number _____ RUC Account Number _____

RUC Account Number _____ RUC Account Number _____

If you have more than four accounts please submit an additional form

(Your Financial Institution Name)

(Address)

(City/State)

(Zip Code)

(Routing Number)

(Account Number)

Type of Account: _____ Checking _____ Savings

I would like my payments deducted each month (choose only one):

On the 5th of the month **On the 15th of the 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 or verification letter, 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.

Remove Account(s) from ACH: **I would like my account(s) removed from ACH**

RUC Account Number _____ RUC Account Number _____

RUC Account Number _____ RUC Account Number _____

Change Banking Information: **My account is already on ACH. I would like to change banking information**

(Print Individual Name)

(Signature of Bank account holder)

(Date)

VERIFICATION OF YOUR BANK ACCOUNT IS REQUIRED!

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

For Office Use Only: *Date Received in office* _____ *Received By* _____