AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS (ACH DEBITS)

COMPANY NAME	TAX ID NUMBER

CHECK ONE:

☐ ADD (New Preauthorized Debit Participant)	☐ CHANGE (Financial Institution and/or Account #)	☐ DELETE (Cancel Participation in the Program)

NOTE: Due to the time required for company and bank processing, please allow one or two weeks for processing.

I (we) hereby authorize _____
hereinafter called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) account indicated below and the depository, financial named below, hereinafter called DEPOSITORY, to debit and/or credit the same to such an account.

DEPOSITORY FINANCIAL INSTITUTION		BRANCH
CITY	STATE	ZIP CODE

TRANSIT ROUTING NUMBERS

[:											[:

ACCOUNT NUMBER INFORMATION

☐ CHECKING ☐ SAVINGS

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. Please attach a voided check or deposit slip for account validation.

NAME(S) – Please Print		
ADDRESS	CITY/STATE	ZIP CODE
SIGNED	DATE	

Richland Center Utilities offers this payment as a convenience to its customers. Funds are withdrawn on the 1st of every month. Funds are withdrawn on the following Monday if the 1st falls on a weekend.

Due to increased administrative efforts and expenses, your account will be taken off of this payment plan if funds are not available on the withdrawal date.

If you have any questions or need clarification, please do not hesitate to call our office at 608-647-3844.