



† @ 8- \ 7) yVMRM  
**AUTHORIZATION AGREEMENT FOR  
UTILITY BILL DEDUCTIONS**

Company/Individual Name \_\_\_\_\_

Utility Account Number \_\_\_\_\_

Address \_\_\_\_\_

Paperless billing [ ] No [ ] Yes      E-mail Address \_\_\_\_\_

I hereby authorize the † ( ) to initiate debit entries and, if necessary, credit entries and adjustment entries for any debit entries in error to my (our) [ ] **checking** [ ] **savings** account (check one) indicated below and the depository named below to debit and/or credit the same to such account.

DEPOSITORY (BANK) NAME \_\_\_\_\_

BRANCH \_\_\_\_\_ CITY/STATE \_\_\_\_\_

TRANSIT/ABA NO. \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

NAME (Please Print) \_\_\_\_\_ DATE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

SIGNED \_\_\_\_\_

(PLEASE ATTACH A VOID CHECK TO FORM AND RETURN TO TOWN HALL)