

**JUST FILL OUT THE HIGHLIGHTED AREAS.
AND PROVIDE US WITH A VOIDED CHECK.**

ACH Debit Authorization



Name or Company Name: _____

SSN or Company TIN: NA

I (we) hereby authorize, BARRINEAU PUBLIC UTILITIES, hereinafter called Company, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called Financial Institution, to debit the same such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

NA Financial Institution NA Branch

NA Address

NA City/State/Zip

NA Routing Number NA Account Number

Type of Account: Checking Savings

Amount: NA Frequency: **(BANK DRAFTS WILL BE DONE ON THE 5TH OF EVERY MONTH.)**

This authority is to remain in full force and effect until Company has received written notification from me of its termination in such time and manner as to afford Company and Financial Institution a reasonable opportunity to act on it.

Type Individual Name

Signature

Date

Please Attach Copy of Voided Check to This Form