

EDINBURGH MUNICIPAL UTILITY DIRECT WITHDRAW FORM
PHONE:(812) 526-3515,16,17 FAX:(812) 526-3542

CONTACT PERSONS NAME _____

PHONE NUMBER _____

CUSTOMER UTILITY ACCOUNT NUMBER _____

CUSTOMER NAME & SERVICE ADDRESS _____

BANK NAME _____

PHONE NUMBER _____

BANK ADDRESS _____

ROUTING NUMBER _____

BANK ACCOUNT NUMBER _____

AUTHORIZATION

By sending in this ACH debit authorization form, you authorize Edinburgh Municipal Utility to debit your bank account for services provided. You understand that this is a periodic charge that will be made according to your billing cycle, and that to terminate this recurring debit process a signature is required.

You acknowledge that you are the owner or authorized signer on the account information entered on this form.

Signature of Authorized Bank Account Holder

Date

Please note:

The first initial set up of your account will be the first months bill as a pre-note to your bank with the following months bill being deduted from your bank account on the 20th of each month.