

**Coldwater Board of Public Utilities
Authorization for Automatic Bill Payment**

I (We) hereby authorize **Coldwater Board of Public Utilities**, hereinafter called **Company**, to initiate debit entries to my Checking/Savings account* indicated below and the Financial Institution named below, hereinafter called **bank**, to debit the same to such account.

Bank Name: _____ City/State: _____

Transit/ABA Number: _____ Acct Number: _____

Checking: _____ Savings: _____ First Effective Date: _____

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 in such manner as to afford Company a reasonable opportunity to act on it.

Name (as shown on your bill): _____

Customer #: _____ Daytime Phone: _____

Service Address: _____

City _____ State: _____ Zip: _____

Mailing Address (if different): _____

****REQUIRED: Attach a voided check or savings account deposit slip***

Signature _____ **Date:** _____

FOR COMPANY USE ONLY

Date Received: _____ By: _____

Begin with Billing _____ Cycle (Group) # _____