



MAYSVILLE UTILITY DEPARTMENT
P.O. BOX 406 – 216 BRIDGE STREET
(606) 564-3531 – FAX (606) 564-9416
MAYSVILLE, KY 41056
Darin Spence, Manager

AUTHORIZATION AGREEMENT FOR DIRECT DEBIT (BANK DRAFT)

A Voided Check Is Required

Payment will be deducted on the seventh of each month. If the seventh falls on the weekend, payment will be deducted the following Monday.

I (we) authorize the Maysville Utility Commission, herein after called company, to debit entries to my (our) account below at the depository named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account.

FINANCIAL INSTITUTION ADDRESS _____

ROUTING NUMBER _____

CHECKING ACCOUNT NUMBER _____

***NOTE:** Please verify your checking account number with our bank. When calling your bank, let them know you are signing up for Bank Drafts, because some banks will add or subtract numbers on your account for automated drafts. This will insure proper payment.

This authorization 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 manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

CUSTOMER ACCOUNT INFORMATION:

NAME _____

ADDRESS _____

ACCOUNT NUMBER _____ PHONE NUMBER _____

Signature

Date