AUTOMATIC WITHDRAWAL AUTHORIZATION

Applicant Information

*Applicant Name	*Social Security Number or Tax Identification Number
*Service Address	
*Home Phone	E-mail Address

Bank Information

*Financial Institution:
*Routing Number
*Account Number
*Type of Account ☐ Checking ☐ Savings

*Required Information

PLEASE ATTACH A VOIDED CHECK TO USE FOR VERIFICATION – PLEASE NOTE THAT ACH WILL NOT BE EFFECTIVE IF BILLS HAVE ALREADY BEEN CREATED FOR THAT MONTH.

I hereby request and authorize the above named financial institution to pay and debit to the account identified above, payments drawn by and payable to the order of the Center Point Utility Department. I may revoke this authority only by notice in writing by the undersigned to both the Bank and the Center Point Utility Department which revocation will be effective 30 days after the notice is sent. I agree that both the Bank and the Center Point Utility Department each separately may terminate the Automatic Bank Payment as to the undersigned at any time effective immediately upon notice being given to the undersigned at the last known address of the undersigned.

I request and authorize the Center Point Utility Department to draw payments payable to the order of the Center Point Utility Department on the account deducted on the 10th business day of the month. I agree that if for any reason a bill is not paid under this plan and is not otherwise paid prior to the time the same becomes delinquent, the Center Point Utility Department shall be entitled to exercise any and all remedies available with regards to such unpaid delinquent bills.

AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED PAYMENTS
DEDUCTED ON THE TENTH DAY OF EACH MONTH OR
THE BUSINESS DAY BEFORE IF THE 10TH FALLS ON A WEEKEND

PLEASE PRINT YOUR NAME: _____

SIGNATURE: _____ DATE: _____

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