

AUTHORIZATION FOR DIRECT PAYMENT

I authorize Florence Utility to initiate entries to my checking/savings account at the financial institution named below. I (we) agree that ACH transactions authorized herein shall comply with all applicable U.S. law. This authority will remain in effect until I notify Florence Utility and my financial institution in writing to cancel at least 3 days before my account is charged.

Last Name :

(Signature)

(Date)

Customer Information

Utility Account # _____

Name: _____

Address: _____

Telephone # _____

Start Date: _____

ATTACH VOIDED CHECK HERE

Financial Institution Information (Funds Coming From)

Name: _____

Address: _____

Amount \$ _____

Or as Billed: _____

Telephone # _____

*Payments are taken out monthly on bill due date.

Routing # (9 digits) _____

Account # _____

Type of Account: Checking Savings

FOR UTILITY USE:

Date Entered in NorthStar: _____ Initials: _____

Notes: _____