



ELECTRIC & WATER

ACH (Automatic Clearing House) Debit Preauthorization Form

Please select one: ☐ Start Preauthorization (ACH) Process
☐ Change Existing Banking Information
☐ Remove Account(s) from ACH

Financial Institution (Bank) Name _____ Location _____

Bank Routing(ABA) Number _____ Account Number _____

☐ Checking ☐ Savings

VERIFICATION OF YOUR BANK ACCOUNT IS REQUIRED!

PLEASE PROVIDE A VOIDED CHECK OR LETTER FROM YOUR FINANCIAL INSTITUTION WITH THIS FORM.

The verification letter must be on the the bank's letter head verifying the above information and the name of the account holder.
If you selected **Savings**, please verify that your bank allows deductions from the account.

Select only one: I would like my payments deducted ☐ On the **5th** of each month
☐ On the **15th** of each month

Name(s) shown on RUC bill _____

Service Address _____

Telephone # _____ Second Telephone # _____

RUC Account Number(s) _____

_____ If you have more than six accounts please submit an additional form

AUTHORIZATION AGREEMENT FOR AUTOMATIC MONTHLY PAYMENTS

I (we) hereby authorize Reedsburg Utility Commission to initiate entries to my (our) Checking or Savings account listed above at the Financial Institution named on the **enclosed voided check or verification letter** and authorize that Financial Institution to debit my account for those entries. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

This authority is to remain in full force and effect until Reedsburg Utility Commission has received **written notification** from me (us) or my (our) representative at least **30 days in advance of the next scheduled payment**. I (we) have the right to stop payment on an individual entry or to have entries corrected by timely notification to my (our) Financial Institution. Reedsburg Utility Commission also has the right to cancel this agreement and charge a fee for insufficient funds in my (our) account.

(Print Individual Name)

(Signature of Bank Account Holder or Representative)

(Date)

(Print Individual Name)

(Signature of Bank Account Holder or Representative)

(Date)

This signed and completed form and bank account verification must both be submitted by the 15th of the month to ensure the above request can be processed prior to the next billing cycle. You will need to remit payment for any balance due at the time this form is submitted. Your ACH is not effective until your bill states "PRE-AUTHORIZED-DO NOT PAY". Changes made to an existing ACH account may not be effective until the next billing cycle.

For Office Use Only: *Date Received in office* _____ *Received By* _____