

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBIT PAYMENT

I authorize the City of Princeton and my financial institution to pay my current Princeton Municipal Utilities bill. The transaction date will be the "Due Date" as shown on my utilities bill. (See reverse side for Conditions of Agreement.)

Please deduct my monthly payment from my: _____ Checking Account
or
_____ Savings Account

(Please Print or Type)

Bank Name

Bank Address

Bank ABA Number (Routing Number)

Your Bank Account Number

Princeton Municipal Utilities Customer Number(s) (9 digits)

Add Code

Customer Name

Business Name (if applicable)

Service Address

City, State, Zip Code

Phone Number

Authorized Signature

Date

ATTACH VOIDED CHECK HERE

CONDITIONS OF AGREEMENT

Please watch your Princeton Municipal Utilities bill for notification of Automatic Debit Payment. Your bill will be marked DO NOT PAY, Automatic Debit Payment.

The customer, City of Princeton, or the financial institution may cancel this agreement at anytime.

If funds are unavailable at the time of Automatic Debit Payment, this transaction will be treated the same as an insufficient funds check. Service charges will be applied.

Should you move from one location to another with Princeton Municipal Utilities you will need to sign a new form; or if you add a new meter at your location you will need to sign a new form.

It is the customer's responsibility to sign a new form, with 30 days notice, if there is a change in your financial institution and/or account number.

When terminating an account, the customer must specify to the Utility Billing Department, if you want the **final** billing Automatically Debited.



PLEASE DISCONTINUE THE AUTOMATIC DEBIT PAYMENT PROGRAM

FOR ACCOUNT

_____ Remove Code

SERVICE ADDRESS

EFFECTIVE DATE

SIGNATURE

DATE

