



AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT

With AMU's convenient, free Bank Draft service, your utility payment is automatically deducted from your checking or savings account. You will still receive a monthly statement from AMU showing the current charges and the previous month's payment reflected on your balance.

Fill out this form and mail to Atlantic Municipal Utilities, P.O. Box 517, Atlantic, Iowa, 50022; or drop it off in our business office at 15 W. 3rd St. Please allow two weeks for processing.

Please fill out the following information as it appears on your bill.

PLEASE SUBMIT THE FORM WITH A VOIDED CHECK.

Name: _____

Service Address: _____
City, State, Zip

Mailing Address: _____
City, State, Zip

Home Phone #: () _____ Work Phone #: () _____

AMU Account #: _____
(Please use a separate form for each account)

Name of the Bank: _____

Routing Number: _____

Account Number: _____

I (we) hereby authorize Atlantic Municipal Utilities to initiate deduction from my financial institution and authorize the transfer of payment in the amount shown as Amount Due on my monthly bill. I understand that this authorization will remain in full force and effect until I (we) notify Atlantic Municipal Utilities in writing at PO Box 517, Atlantic, IA 5002, by phone at (712) 243-1395, or in person at 15 W 3rd Street, Atlantic, IA that I (we) wish to revoke this authorization. I (we) understand that Atlantic Municipal Utilities requires at least 7 days/1 week prior notice in order to cancel or change this authorization.

Authorized Signature: _____

Effective Date: _____