

Rising Sun Municipal Utilities ACH Authorization Form

Please pay Utility bill until one is marked **“DO NOT PAY”** in bold letters

Bank Name:	Bank Phone Number:
Bank Account Number (not to exceed 17 digits):	Type of Account:
	<input type="checkbox"/> Savings <input type="checkbox"/> Checking
Bank Routing and Transit Number (required 9 digits):	Requested Effective Date:
Reason for Payment: <p style="text-align: center;">UTILITY BILL</p>	Phone Number:
Frequency of Payment: <p style="text-align: center;">MONTHLY</p>	Date Signed:
Printed Name:	RSMU Account #:
Authorized Signature:	SSN:

I hereby authorize Rising Sun Municipal Utilities to initiate debit entries of my monthly bill to my/our Checking/Savings account, indicated above at the depository financial institution. If item is returned unpaid, I authorize an additional returned check fee to be charged to this account.

<p style="font-size: 1.2em; font-weight: bold;">ATTACH VOIDED CHECK HERE</p> <p style="font-weight: bold;">A voided check from your checking account must be included in this application (Do not use a deposit ticket or temporary check)</p>

Customer deciding to stop the ACH withdraw

Print Name:	
Authorized Signature:	Date Signed: