

# Automatic Bank Deduction Authorization Form

Checking

Savings

NAME OF FINANCIAL INSTITUTION

(If checking, use #'s from bottom of a check - not a deposit slip. If savings, may use #'s from bottom of a deposit slip)

ROUTING & BANK ACCOUNT NUMBER - FROM BOTTOM OF CHECK

YOUR NAME AS SHOWN AT BANK

NOTE: If checking, attach a copy of a canceled check to this application.

From your Cumberland Sewer Utilities Bill:

ACCOUNT NUMBER FROM YOUR BILL

YOUR SERVICE ADDRESS

NAME FROM YOUR BILL

I **authorize** Cumberland Sewer Utilities to deduct funds from the above bank account to pay my total bill.  
I **understand** myself, Cumberland Sewer Utilities, or my financial institution can stop these automatic payments if notified by phone or in writing.

I understand this will take one month to implement and I must continue to pay manually until such time as the invoice reads:

**"AUTOMATIC WITHDRAWAL-DO NOT PAY"**

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SIGNATURE AS SHOWN AT BANK

DATE

Return completed form to address below

**CUMBERLAND SEWER UTILITIES**  
11501 East Washington Street  
Cumberland, Indiana 46229-0155

Office: 317-894-3580

Fax: 317-894-6204