

RECURRING BANK (ACH) PAYMENT AUTHORIZATION

I, _____, authorize Cumberland Sewer Utilities to deduct funds from my bank account indicated below on the 15th day of each month to pay my total monthly Sewer Utility bill. I understand that I or my financial institution can stop these automatic payments by notifying the Town of Cumberland by phone or in writing.

BILLING INFORMATION

Cumberland Utilities Account Number: _____

Service Address: _____

Phone #: _____ Email: _____

BANK DETAILS

Account Type: Savings | Checking

Account Name: _____

Bank Name: _____

Account Number (#): _____

Routing Number (#): _____

ACCOUNT HOLDER SIGNATURE

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the Town of Cumberland, in writing, of any changes to my account, or my request to terminate this authorization at least fifteen (15) days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I agree to an additional \$25 charge, which will be initiated as a separate transaction from the authorized recurring payment.

Account Holder's Signature: _____ Date: _____

Printed Name: _____

Please return the completed form to:

erichey@town-cumberland.com

Cumberland Sewer Utilities
11501 East Washington Street
Cumberland, IN 46229-0155
317.894.3580