



AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER

Customer Name

Address

City

State

Zip

Telephone Number

E-Mail Address

Signature

Date

RMU Acct Number

By signing above I hereby authorize Rochele Municipal Utilities and the financial institution designated to begin deductions for Electronic Funds Transfer payments. I understand an Electronic Funds Transfer or charge of the billing amount will be made each month on the bill's due date. I further understand the Electronic Funds Transfer or charge will begin on the bill's due date immediately following the date listed above.

Checking

Savings

Financial Institution

Routing Number

Account Number

Visa

MasterCard

Discover

Account Number

Expiration Date

Verification Code

This authorization is to remain in effect until RMU has received written notification of the termination of this agreement.

Rev. 06/2019