



Automatic Payment Plan Authorization Agreement

Date: _____

Name: _____
First Middle Last

Address: _____

Pendleton Municipal Utilities Account #: _____

Name on Utility Account: _____

Phone #: _____

Name of Bank: _____

Name of Branch: _____

Checking Account #: _____

Savings Account # If Applicable: _____

Routing #: _____

I (we) hereby authorize Pendleton Municipal Utilities to initiate debit entries to my (our) checking account. This authorization will remain valid until either party revokes it in writing. The revocation must be in such time and in such manner as to afford a reasonable opportunity to act on it. To ensure proper bank coding please attach a VOIDED CHECK that contains your complete bank account numbers.

Signature(s) as shown on Financial Institution Records.

1. _____ Date: _____

2. _____ Date: _____

Mail to: Pendleton Municipal Utilities
PO Box 230
Pendleton, IN 46064