

APPLICATION FOR ELECTRONIC PAYMENT PLAN

Please complete this authorization agreement and send it along with a voided check.

I authorize the financial institution listed below to charge my (please check one of following):

_____ Checking Account

_____ Savings Account

Name (as it appears on utility bill)

Account Number

Address for above customer

Phone Number

Name of Financial Institution

Address of Financial Institution

Name of Bank Account Holder, if different from above

Authorized Signature

Date

Routing Number

Account Number