



AUTHORIZATION TO PAY UTILITY BILLS

Customer Information

ACCOUNT NUMBER(S): _____

CUSTOMER NAME: _____

SERVICE ADDRESS: _____
 Carthage MO 64836

TELEPHONE NO.: _____

Checking/Saving Bank Information

NAME OF BANK: _____

ACCOUNT TYPE: Checking Savings

BANK ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

Credit/Debit Card Information

CARD TYPE: Visa Mastercard Discover

CARD NUMBER: _____

EXPIRATION DATE: _____ BILLING ZIP CODE: _____
MM/YY

I authorize you to deduct from my checking/savings account or credit/debit card the amount of my monthly utility bill and to make that deduction payable to Carthage Water & Electric Plant.

I authorize the Bank or card listed above to pay my monthly utility bill and to deduct each payment from my checking/savings account or credit/debit card. I agree that each payment shall be the same as a withdrawal personally signed by me. This authorization is to remain in effect until revoked by me in writing. I have the right to stop payment of a charge by timely notification to my Bank prior to charging my account. I understand that the Bank and Carthage Water & Electric Plant each reserve the right to terminate this automatic bill payment service (or my participation therein).

Please attach a copy of a voided check.

SIGNATURE

DATE