

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBIT PAYMENT**

I authorize the City of Princeton and my financial institution to pay my current Princeton Municipal Utilities bill. The transaction date will be the "Due Date" as shown on my utilities bill. (See reverse side for Conditions of Agreement.)

Please deduct my monthly payment from my: \_\_\_\_\_ Checking Account  
or  
\_\_\_\_\_ Savings Account

(Please Print or Type)

\_\_\_\_\_  
Bank Name

\_\_\_\_\_  
Bank Address

\_\_\_\_\_  
Bank ABA Number (Routing Number)

\_\_\_\_\_  
Your Bank Account Number

Add Code

\_\_\_\_\_  
Princeton Municipal Utilities Customer Number(s) (9 digits)

\_\_\_\_\_  
Customer Name

\_\_\_\_\_  
Business Name (if applicable)

\_\_\_\_\_  
Service Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

ATTACH VOIDED CHECK HERE