

1ST _____ 5TH _____ 10TH _____
(Please check which day you prefer to have your ACH withdrawn from your account)

AGREEMENT FOR PRE-AUTHORIZED PAYMENTS

I (we) hereby authorize and request **CITY OF BRIDGEPORT UTILITIES**, hereinafter called **COMPANY**, to effect payment for any amounts owing by me (either of us) to **COMPANY** as such amounts become due by initiating debit entries to my (our) account indicate below in the bank named below, hereinafter called **BANK**, and I (we) authorize and request **BANK** to accept any debit entries initiated by **COMPANY** to such account and to debit the same to such account without responsibility for the correctness thereof:

Bank Name: _____		
Bank Address: _____		City _____
		St _____
Checking <input type="checkbox"/>	Savings <input type="checkbox"/>	Bank Account Number: _____

It is understood that this agreement may be terminated by me (either of us) at any time by written notification to **COMPANY**. Any such notification to **COMPANY** shall be effective only with respect to entries initiated by **COMPANY** after receipt of such notification and a reasonable opportunity to act on it.

Customer Name(s): _____		
(Please Print)		
Date: _____	Signed: _____	Signed: _____

TO BE COMPLETED BY THE COMPANY

Customer Account No: _____																																
Customer account number information:																																
Transit Routing Number															Bank Account Number Information																	
••												••																				
NOTE: When completing account number information, insert a hyphen (-) for each Dash Cue Symbol (") contained in the field, and insert a number sign (#) for each "On Us" Cue Symbol (•••).																																

* PLEASE ATTACH VOIDED CHECK