Plymouth Utilities
900 CTH PP - P.O. Box 277
Plymouth, WI 53073-0277

Telephone: 920-893-1471
Facsimile: 920-892-2760
www.PlymouthUtilities.com

Authorization Agreement For
Automated Clearing House Transactions
(ACH Debits)

Financial Institution Information

Bank Name: _____

Routing Number: _____

Type of Account:(Circle one) Checking Savings

Account Number: _____

Please attach a voided check

Customer Information

Name: _____

Address:_____

_____

Phone/Email:_____

Plymouth Utilities Account Number(s)

_____ _____

_____ _____

_____ _____

I hereby authorize Plymouth Utilities to initiate withdrawal from my checking/savings account at the financial institution listed above, and, if necessary, initiate adjustments for any transactions debited in error. This authority will remain in effect until Plymouth Utilities is notified in writing to cancel in such a time as to afford Plymouth Utilities and the Financial Institution a reasonable opportunity to act on it. **The balance of the account will be withdrawn in total on the billing due date**.

Signature: _____

Date: _____