

## **DEBIT AUTHORIZATION FORM**

Your Newburgh Sewer Utility Bill Will Be Automatically Deducted From Your Checking or Saving Account on the Bill's Due Date.

TO ENTON:	
	a check or a bank form with account and routing number.
	Mail to: PO Box 577, Newburgh IN, 47629; Fax to: 812-853-
I/we hereby authorize the Town of Newburgh Sewer Utility to initiate entries to my/our checking/savings accounts at	
Your Auto-Pay will be a	ctivated for the next month's billing
**A VOIDED CHECK MUST BE ATTA	ACHED FOR ACCOUNT VERIFICATION PURPOSES**
The dollar amount due on the monthly New indicated on the due date of each month a	wburgh Sewer Utility Bill will be withdrawn from the account ccording to the terms of the bill.
, , , , , , , , , , , , , , , , , , , ,	returned for insufficient funds or other reasons, I understand due on my account, I shall be billed for and agree to pay to jection.
Sewer Utility Account #	
Service Address:	E-Mail
Printed Name:	Telephone:
Signature:	Date:

## **Town of Newburgh**