

DESHLER MUNICIPAL UTILITIES
BANK COLLECTION AUTHORIZATION

Date _____

Bank Name: _____

Address: _____

Bank Routing Number: _____

Bank Account Number: _____

Type of Account: _____ Checking _____ Savings

You are hereby authorized, until such time as I may cancel this arrangement, to pay to **DESHLER MUNICIPAL UTILITIES** the amount of my bill as it becomes due, and the receipted bill of **Deshler Municipal Utilities** will be sufficient check against my account. It is understood that in case of billing error, adjustment will be made between **DESHLER MUNICIPAL UTILITIES** and myself.

DEPOSITOR SIGNATURE

CUSTOMER ACCOUNT NO.

SERVICE ADDRESS

DATE TO BE WITHDRAWN: 5th _____ 15th _____