



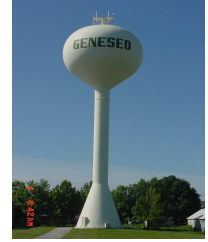
# GENESEO MUNICIPAL UTILITIES

*ELECTRIC, WATER, & SEWER DEPARTMENTS*

115 S OAKWOOD AVE, GENESEO IL 61254

(309)944-4243

(309)944-8254 fax



## AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

Customer Name \_\_\_\_\_ Customer Account # \_\_\_\_\_  
 Joint Applicant \_\_\_\_\_

I (we) hereby authorize Geneseo Municipal Utilities, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account. When a test of my ABA# and account # is authorized by my bank, the payment for my next billing period will be deducted from the account listed below. A message appearing on my bill will indicate when the deduction will occur.

Depository Name \_\_\_\_\_

City, State, & Zip \_\_\_\_\_

Transit/ABA # \_\_\_\_\_ Bank Account # \_\_\_\_\_

This authority is to remain in full force and effect until COMPANY and DEPOSITORY have received written notification from me (or both, if joint) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Date: \_\_\_\_\_ Applicant (X) \_\_\_\_\_

Date: \_\_\_\_\_ Joint (X) \_\_\_\_\_

PLEASE ATTACH VOIDED CHECK HERE