

AUTOMATIC DEBIT AUTHORIZATION

I authorize your to automatically debit my checking/savings account as designated below. This authority will remain in effect until I give written notification to cancel it.

_____ Checking Account# _____

OR

_____ Saving Account # _____

Starting Month: (circle one) Year 20_____

Jan Feb Mar Apr May Jun July Aug Sept Oct Nov Dec

Financial Institution _____ City _____

Transit Routing Number _____

Customer Name (please print) _____

Customer Signature _____ Date _____

Thank you for your business.

Required: Please include voided check to insure correct information for set up.

Place your voided check here.

ACCOUNT NUMBER(S) FOR DRAFT:

Mail this completed form with an attached voided check to Breckenridge Public Utilities, 420 Nebraska Ave, Breckenridge, MN 56520 or email to lgefre@breckenridgmn.net.