

**FREE – No Fee to Participate**

Tipp City Utilities offers Automatic Deduction from a bank account. The deduction occurs on the 10th of the month. You will still receive your monthly bill as you currently do whether mail or e-mail; it will simply state “Auto Deduct to Occur on the 10<sup>th</sup>.” If you are interested in signing up for Automatic Deduction, please **accurately complete, sign and returned this form to the Utility Department** in order for the deduction to begin. **Please include a voided check** if the deduction is to come from a checking account.

This is my authorization for Tipp City Utilities to automatically debit my ( ) checking ( ) savings account

\_\_\_\_\_ , \_\_\_\_\_  
(Account Number) (Bank Transit/ABA/Routing Number)  
at \_\_\_\_\_ in \_\_\_\_\_ , \_\_\_\_\_  
(Financial Institution) (City) (State)

**➔ ATTACH VOIDED CHECK HERE ➔**

I understand that this authorization will be in effect until I notify Tipp City Municipal Utilities in writing that I no longer desire this service, allowing it reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account.

I have the right to stop payment of a debit entry by notifying my financial institution before the account is charged. If an erroneous debit entry is charged against my account, I have the right to have the amount of the entry credited to my account by my financial institution, if it is within (15) calendar days following the date on which I was sent a statement of account or a written notice of such entry or 45 days after posting, whichever occurs first. I must give my financial institution a written notice identifying the entry, stating that it is in error and requesting credit back to my account.

THIS AUTHORIZATION IS NON-NEGOTIABLE AND NON-TRANSFERABLE.

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Utility Billing Account #)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(Signature)

For Office Use Only:			
_____ Rec'd Date & Employee	_____ Bill Due Date to Begin	_____ Entered	_____ Checked for 1 <sup>st</sup> ACH