

**AUTHORIZATION FOR DIRECT DEBIT**

Check One:     Enrollment     Cancellation     Change

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Desired Start Date: \_\_\_\_\_

**OPTION 1:    Bank Information: (COPY OF VOIDED OR CANCELED CHECK REQUIRED)**

Bank Name: \_\_\_\_\_

Bank's Routing/Transit No.: \_\_\_\_\_

Account Holder Name: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Account Type  Checking, NOW Account, Share Draft  
 Saving Account

**OPTION 2:    Credit Card Information:**

Credit Card No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_

Please check the Services to be paid by direct debit:

Utilities (Electric, Gas, Water and Wastewater)

Cable

I hereby authorize Easton Utilities (hereinafter called the "Company") to debit the above-referenced account for any amount owed to the Company for goods and services provided. This authorization is to remain in force until the Company has received written notification of termination in such time and in such manner as to afford the Company and/or Banks(s) a reasonable opportunity to act on it.

I understand that I will be dropped from the plan if my financial institution does not honor the automatic transaction and I will be charged a return item fee and late payment penalty if applicable.

In the event that the Company notifies the Bank(s) that funds transferred were not entitled to the Company, I hereby authorize and direct Bank(s) to return said funds to the above-referenced account.

Date: \_\_\_\_\_                      Signature: \_\_\_\_\_

Account Holder Name: \_\_\_\_\_  
(Printed)