

AUTHORIZATION FOR AUTOMATIC PAYMENT

I authorize Dahlberg Light and Power Co. and the financial institution named below to initiate entries to my checking account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 10 days before my account is charged

Bank Information:

\_\_\_\_\_ (name of financial institution) \_\_\_\_\_ (branch)

\_\_\_\_\_ **(COMPLETE address of financial institution)**

Phone No. \_\_\_\_\_ Checking Account No. \_\_\_\_\_

ACH Routing No. \_\_\_\_\_

**(Please contact your financial institution for the correct ACH routing number)**

Customer Information:

Electric Customer Name \_\_\_\_\_  
(please print)

Customer Address \_\_\_\_\_

Electric Account No. \_\_\_\_\_ Customer Phone No. \_\_\_\_\_

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

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**Please include a voided check with your authorization form.**