

AUTHORIZATION FOR AUTOMATIC PAYMENT DEDUCTION

I authorize Berlin Water & Sewer Department and the financial institution listed below to initiate electronic debit entries from my:

Checking account

for the payment of my monthly bill on the

_____ 10th day _____ 15th day _____ 25th day

of the month. This authority will remain in effect until I have cancelled it.

Financial Institution

Name (Please Print)

Signature

Account Number at Financial Institution

Date

Transit Routing Number

I authorize Berlin Water & Sewer Department to send my Utility Bill to me via email. I have listed below the email address and all of the accounts.

Account Number/Numbers _____

E-Bills - _____ Yes _____ No

Email Address _____

Staple voided check here.