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 which will occur on the **25**th **day of every month**.

This authority will remain in effect until I have cancelled it in writing with the Water & Sewer Department. Financial Institution Name Routing Number Account Number E-Bills _____ Yes ____ No Print name(s) on Financial Account Signature Today's Date _____ W&S Account holder's name W&S Billing Account # _____ Address_____ Phone Number(s)_____ Email Address I request the automatic withdrawal to cease as of _____ Date

Date_____

Initials _____