## CUSTOMER AUTHORIZATION AUTOMATIC BILL PAYMENT

CUSTOMER NUMB	
	(As it appears on your electric bill)
NAME	
	(As it appears on your electric bill)
BILLING ADDRESS	
SERVICE ADDRESS	5
NAME OF DEPOSIT	YOR.
	(If different from the customer)
NAME OF FINANCI	AL INSTITUTION
CHECK ONE:	CHECKING ACCOUNT (Please enclose a blank check marked "void")
	STATEMENT SAVINGS ACCOUNT
	G A SAVINGS ACCOUNT, PLEASE ASK YOUR FINANCIAL THE FOLLING INFORMATION:
	ACCOUNT NUMBER ABA ROUTING NUMBER
AUTOMAT	IC BILL PAYMENTS AUTHORIZATION AGREEMENT
monthly Borough of Miff that each charge to my ac insufficient fund charges, the contrary. If I change t financial institution to the charge by notifying my fi	nancial institution to charge the account I have specified for the amount of my linburg Utility Bill and send that amount to the Borough of Mifflinburg. I agree ecount shall be the same as if I had signed a check to pay my bill, including any This authority will remain in effect until I notify the Borough of Mifflinburg to the financial institution specified, I will provide written authorization for the new e Borough of Mifflinburg. Additionally, I have the right to stop payment of a nancial institution at least three days prior to the date of the scheduled transfer. I financial institution and the Borough of Mifflinburg reserve the right to terminate my participation therein.
SIGNATURE	DATE