



Auto-Pay Authorization

- Utility
 Telecommunications

I hereby request and authorize the Harlan Municipal Utilities to initiate charges to my account which is identified below. I also authorize the listed financial institution to make the requested payments in accordance with the Auto-Pay Plan. This authorization will remain in effect until the Harlan Municipal Utilities has received written notification from the authorized parties to terminate this payment arrangement and has had a reasonable opportunity to act on it. I agree that I am obligated to pay for utility services and insufficient fund charges in the event that a charge to my account is dishonored, for whatever reason, and the Harlan Municipal Utilities retains its normal collection rights.

Customer Name _____ HMU Account # _____
Address _____ City _____ State _____ Zip+4 _____
Financial Institution _____
Address _____ City _____ State _____ Zip+4 _____

Type of account to be charged (check one):

Checking. Attach a voided check from the account you wish to charge.

Savings. Account # _____

ABA routing # _____

Customer Signature _____

*Call your financial institution
for these numbers if you do not
know them.*

Complete this form and return it to the Harlan Municipal Utilities, 405 Chatburn Avenue, Harlan, IA 51537