

Direct Debit Authorization Agreement

Company Name: **WILMINGTON UTILITY BILLING DEPARTMENT**

I hereby authorize the above named company ("The Company"), to initiate debit entries from my account indicated below at the bank named below ("The Bank"). The debit entries are payment for services and/or goods rendered by the Company to me:

Bank Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing Transit / ABA Number: _____

Account Type (Checking or Savings): _____

Bank Account Number: _____

This authorization is to remain in full force and effect unless I no longer receive the Company's services and/or goods, or until the Company has received written notification from me of its termination in such time and in such manner as to afford the Company a reasonable opportunity to act on it.

Customer Name: _____ Date: _____

Customer Address: _____ Phone: _____

Utility Billing Department Account Number: _____

Customer Signature: _____

Company / By: _____