

Milton Municipal Utilities Commission
1139 Smith Street Milton WV 25541
Phone (304) 743-3422 Fax(304) 743-1872

Automatic Payment Deduction Form

I authorize Milton Municipal Utilities Commission and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify Milton Municipal Utilities Commission in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution and Milton Municipal Utilities Commission three (3) days before my account is charged. Milton Municipal Utilities Commission reserves the right to cancel the automatic payment (ACH) after two payments returned to our office for any reason.

Customer Name (Please Print)

Customer Address (Please Print)

MMUC Account #

Customer SSN#

Daytime Telephone

Home Telephone

Name of Financial Institution

Branch

City

State

Zip Code

Signature

Date

Account No. _____ Checking _____ Savings _____

Financial Institution Routing Number: _____

YOU MUST ATTACH A VOIDED CHECK from the ACCOUNT YOU WISH TO USE BEFORE WE CAN START THE PROCESS.

Your Withdrawal date will be on the 15th Day of every month or the next business day.