

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 quarterly bill on the

_____ 1st day _____ 15th day

of the month that the bill is due. This authority will remain in effect until I have cancelled it in writing.

Financial Institution

City

State

Name (Please Print)

Signature

Account Number at Financial Institution

Date

Transit Routing Number

Staple voided check here.