

IRELAND UTILITIES INC.



PO Box 83
Ireland, Indiana 47545
812-482-2015

Direct Debit Agreement Form

Authorization Agreement

I hereby authorize **Ireland Utilities Inc.** to initiate automatic debits from my account at the financial institution named below. I also authorize **Ireland Utilities Inc.** to make deposits to this account in the event that a debit entry is made in error.

If any such electronic debit(s) should be returned by my financial institution as inactive, closed or Non-Sufficient Funds, I authorize **Ireland Utilities Inc.** to collect a returned check fee and that my account shall be considered unpaid on the due date and may be subject to termination of service if my account remains unpaid.

Further, I agree not to hold **Ireland Utilities Inc.** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in debiting funds from my account.

This agreement will remain in effect until **Ireland Utilities Inc.** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct debit form to company.

Account Information

Name of Financial Institution: _____

Bank Routing Number: _____

Bank Account Number: _____

CHECK ONE

Checking

Savings

Customer Account Name: _____

Customer Address: _____

Phone Number: _____

Ireland Utilities Inc.
Account Number: _____

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Please attach a voided check or copy of a check

NOTE: ALL FORMS MUST BE SUBMITTED TO THE OFFICE BEFORE THE 10TH OF THE MONTH TO BE APPLIED TO YOUR ACCOUNT FOR THE SAME MONTH'S DUE DATE OF THE 20TH.

If later than the 10th, please enclose payment for the month and ACH will be applied for next month's payment.