# *Authorization Agreement for Automatic Electronic Payments*
# *Marquette Board of Light and Power Utility Bills*

BLP Account Number(s):_____

Name:_____ Telephone Number:_____

Service Address:_____

Mailing Address (if different from above:_____

City, State, Zip:_____

Name of Your Financial Institution (Bank, Credit Union, Savings & Loan)

_____

Financial Institution Routing Number (the nine digit number on the bottom left of your check)_____

Financial Institution Account Number:_____

*(Check One)*

Checking_____ **ATTACH A VOIDED CHECK** Savings_____ **ATTACH A VOIDED DEPOSIT SLIP**

I hereby authorize the Marquette Board of Light and Power and the named Financial Institution above to initiate transactions to the account listed above. My Board of Light and Power utility bill(s) will be charged against my checking or savings account on the DUE DATE listed on my monthly utility bill(s). Should any erroneous Board of Light and Power charges occur on my checking or savings account they will be credited to my account immediately or as soon as practicable by my financial Institution. I can stop payment of any entry by notifying the Board of Light and Power ten days before my account is to be charged. This will not terminate my automatic payment option. This authorization will remain in effect until the Board of Light and Power receives written notification of termination at least 10 days prior to the next payment due date.

Signature:_____ Date: _____

_____

Office Use Only

Cycle_____ Operator_____ Date_____