AUTODRAFT AUTHORIZATION FOR UTILITY BILLING SERVICES

| TOL utility acct# | _ |
|---|---|
| • | 15 th and if this date falls on a non-banking day, the xt banking day and will not hit your account prior t |
| (customer_name as it appears on account), here | eby authorize the Town of Linden to draft from my |
| bank account my monthly utility bill. | This will be effective on the next billing date |
| of | |
| received written notification from Ac Account Holder's signature | |
| Service address: | |
| Phone number: | |
| Email address: | |
| Please attach a voided check below | ٧. |