

MONTHLY RECURRING CREDIT CARD PAYMENT

Return form to: Milford Municipal Utilities

806 N Ave. Suite III,

PO BOX 124

Milford, IA 51351

mmu@mmuia.us

NAME ON ACCOUNT: _____

CUSTOMER NUMBER: _____

ADDRESS YOU RECEIVE MONTHLY BANK STATEMENTS AT:

Mailing Address: _____

City, State, Zip: _____

PHONE NUMBER: _____

MASTER CARD, VISA OR DISCOVER: _____

CARD NUMBER: _____

CARD'S EXPIRATION MONTH AND YEAR: _____

Automatic Payment Authorization: I (we) authorize Milford Municipal Utilities, Milford, IA to initiate debit entries to my (our) bank account or credit card. This authority is to remain in full force and effective until Milford Municipal Utilities has received notification from me (or any authorized person on my account) of its termination in such time and in such manner as to afford Milford Municipal Utilities a reasonable opportunity to act on it.

SIGNATURE: _____ DATE SIGNED: _____