



Bank Draft Payment

Authorization to pay monthly M.U.D. bill

Enclose a voided check (or other banking document that contains the routing number and bank account number) and mail to M.U.D., 1723 Harney St., Omaha, NE 68102-1960.

M.U.D. account number: _____

Name: _____

Home Phone: _____ Day Time Phone: _____

Address: _____

Name & address of financial institution: _____

Checking account number: _____

or

Savings account number: _____

Terms of Authorization

The financial institution named on the authorization form is authorized to pay my monthly Metropolitan Utilities District bill, and to deduct each payment from my checking/savings account.

I understand M.U.D. may make needed adjustments to entries. I agree that each payment shall be the same as a check personally signed by me. This authority remains in effect until revoked by me.

I have the right to stop payment of a charge by timely notification to M.U.D. prior to charging my checking or savings account. I understand, however, the financial institution or the Metropolitan Utilities District each reserves the right to terminate the Bank Draft service (*or my participation therein*). Customers who participate in Bank Draft in lieu of deposit may have to pay a deposit at the time of cancellation of the Bank Draft Plan.

Signature: _____ Date: _____