Susan Helms
Utility Office Manager

DEBIT AUTHORIZATION FORM

Your Newburgh Sewer Utility Bill Will Be Automatically Deducted From Your Checking or Saving Account on the Bill's Due Date.

To Enroll:
Return this completed form and **a copy of a check or a bank form** with account and routing number. Email to: utilityoffice@newburgh-in.gov; Mail to: PO Box 577, Newburgh IN, 47629; Fax to: 812-853-1728; or, Place in the Utility Payment Drop Box (located in the old library parking lot off Water Street).

I/we hereby authorize the Town of Newburgh Sewer Utility to initiate entries to my/our checking/savings accounts at _____ (financial institution), and, if necessary, initiate adjustments for any transactions debited in error. This authority will remain in effect until the Town of Newburgh is notified by me/us in writing to cancel it in such time as to afford the Town of Newburgh and the financial institution a reasonable opportunity to act on it.

Please mark account type: Checking _____ Savings _____

Your Auto-Pay will be activated for the next month's billing

*****A VOIDED CHECK MUST BE ATTACHED FOR ACCOUNT VERIFICATION PURPOSES*****

The dollar amount due on the monthly Newburgh Sewer Utility Bill will be withdrawn from the account indicated on the due date of each month according to the terms of the bill.

In the event of any debit being rejected or returned for insufficient funds or other reasons, I understand and agree that, in addition to any late fees due on my account, I shall be billed for and agree to pay to the town a fee of $25 as a result of such rejection.

Sewer Utility Account # _____

Service Address: _____ E-Mail _____

Printed Name: _____ Telephone: _____

Signature: _____ Date: _____

Town of Newburgh
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www.newburgh-in.gov