



Mapleturn Utilities

ACH Debit Authorization

I (we) _____ hereby authorize Mapleturn Utilities, Inc. to initiate debit entries to my (our) account indicated below and the financial institution named below to debit the same to such account for ACH debit. I (we) acknowledge that the origination of the ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Financial Institution Name)

(Branch)

(Address)

(City / State)

(Zip Code)

(Routing #)

(Account #)

Type of Account ___Checking ___Savings

This authority will remain in full force and effect until Mapleturn Utilities, Inc. has received written notification from me (or either of us) of its termination in such time and manner as to afford Mapleturn Utilities, Inc., and the Financial Institution a reasonable opportunity to act on it.

(Print Individual Name)

(Signature)

(Date)

(Address)

(Lot #)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM AND RETURN TO



**Debits will be applied to the above account
on the 17th day of each month, the following
Monday or day after Bank Holiday
(In this case, no late fees will be assessed)**

Mapleturn Utilities, Inc.
2001 E. Mapleturn Road
Martinsville, IN 46151