

**Cavalier Municipal Utilities
301 Division Avenue North
P.O. Box 750
Cavalier, ND 58220**

AUTHORIZATION FOR AUTOMATIC PAYMENT

I authorize the **Cavalier Municipal Utilities** and the **financial institution** named below to initiate entries to my checking or savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged. I can have the amount of an erroneous charge immediately credited to my account up to 15 days following issuance of my statement or 60 days after posting, whichever comes first.

Name of Financial Institution:	
Name on Acct:	
Financial Institution Routing #:	
Checking Account Number:	
Savings Account Number:	

UB Acct #	
Customer Name:	
Customer Address:	

I authorize **Cavalier Municipal Utilities, Cavalier, North Dakota** to initiate electronic entries to my checking or savings account and agreed to the terms listed on the authorization for payment of my utility services. Monthly statements regarding these charges will be sent to me.

Signature: _____ **Date:** _____

To cancel, please call the Administration Office at (701)265-8800.