City of Milford

PO BOX 159 - MILFORD, DE 19963 (302) 422-6616

AUTOMATIC PAYMENT PLAN-PRE-AUTHORIZATION FORM

Customer Name: _____
Utility Account Number:_____
Service Location_____
Home Phone Number: _____
Business Phone Number: _____

I hereby authorize: ☐ - Checking Account ☐ - Savings Account

Name of Financial Institution: _____
Routing number and account number: _____
Address:_____
City: _____
State_____

Your signature is authorization to debit the above account for utility payments due the City of Milford. This authorization may be cancelled at any time upon written notice. The written notice must be received (10) days prior to due date on utility bill.

Signature: _____ Date:_____
Signature: _____ Date:_____

For a joint account, if more than one signature is required on checks all must sign this form.

Please be sure to include a blank check marked VOID along with your application.