

# Check-A-Matic Authorization



I hereby request and authorize the Cedar Falls Utilities to initiate charges to my checking or share draft account, which is identified below. I also authorize the listed financial institution to make the requested payments in accordance with the CFU Check-A-Matic Plan. This authorization will remain in effect until the Cedar Falls Utilities has received written notification from the authorized parties to terminate this payment arrangement and has had a reasonable opportunity to act on it.

**Please include a voided check with your account number.**

**Date:** \_\_\_\_\_

**Customer Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**CFU Account #:** \_\_\_\_\_

**Financial Institution: Account #:** \_\_\_\_\_

**I would like automatic payment to be effective for the bill that is due in (month):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

Your CFU account must have a zero balance before this service takes effect.

Send completed form and **voided check** (not a deposit slip) to:

Cedar Falls Utilities  
Customer Service  
PO Box 769  
Cedar Falls, IA 50613