

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 #: _____

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

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

Signature: _____

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

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

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Office Use Only

Bill Date: _____