

Authorization to pay monthly M.U.D. bill

Please enclose a voided check. Mail to M.U.D., 1723 Harney St., Omaha, NE 68102-1960.

M.U.D. account number: _____

Name: _____

Home Phone: _____ Day Time Phone: _____

Address: _____

Name & address of financial institution: _____

Checking account number: _____

or

Savings account number: _____

Signature: _____ Date: _____