BENTON MUNICIPAL UTILITIES NEW UTILITY SERVICE APPLICATION

Page 1 of 2

| Applicants Name: First Middle Int. Last | _ Date of Birth:SS# | | | |
|---|---|--|--|--|
| Employer: | Employer's Phone: () | | | |
| Your Phone: () | | | | |
| I am interested in paying my utility bills with direct ach payment | from my bank account:YES(sign up on page 2)NO | | | |
| Spouse/Roommate: First Middle Int. Last | Date of Birth: SS# | | | |
| Employer: | Employer's Phone: () | | | |
| Your Phone: () | | | | |
| Street Address of location you are moving into: | | | | |
| Your Mailing Address: (This is the address you would like your utility bill mailed to. To receive your mail in the Villa | City: State/Zip: | | | |
| Date you would like utilities put into your name: | | | | |
| | | | | |
| Landlord's Name: Landlord's Phone: () | | | | |
| You <u>MUST</u> provide all previous addresses within the | <u>LAST 6 YEARS</u> *, beginning with the most recent. | | | |
| Dates living at this residence: until Address: Electric Utility: Water & Sewer Utility: Landlord: | City: State/Zip: Phone: Phone: | | | |
| Dates living at this residence: until Address: Electric Utility: Water & Sewer Utility: Landlord: | City: State/Zip: Phone: () Phone: () | | | |
| Dates living at this residence: until Address: Electric Utility: Water & Sewer Utility: Landlord: | City: State/Zip: Phone: Phone: | | | |
| Do you have any outstanding utility bills at this time? | If yes, please explain: | | | |

The above provided information is true to the best of my knowledge. I authorize Benton Municipal Utility to contact my previous utility providers and/or previous landlords. I understand this verification process may take up to ten business days, and I further understand that I may be required to pay a utility account deposit equal to two months service if it is discovered that I do have a history of outstanding utility bills and/or a poor payment history.

In addition, I understand that once utilities have been approved and put into my name, it is my responsibility to notify the utility of any changes in occupancy at this location. Written notification is required when additional tenants move in or out of this location. Further, I understand that I am responsible for the utility charges incurred at this location from the date requested on page one of this application until I notify the utility in writing that I have moved and am no longer responsible for this utility bill.

| Applicant's Signature: | Date: | |
|----------------------------|---------|--|
| | | |
| Spouse/Roommate Signature: | _ Date: | |

The following is optional:

BENTON MUNICIPAL UTILITIES DIRECT PAYMENT AUTHORIZATION

Here's how the Direct Payment Plan works:

You authorize regularly scheduled payments to be made from your checking or savings account.

Then, just sit back and relax. Your payments will be made automatically on the 20TH of each month, and proof of payment will appear on your statement. The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. The Direct Payment Plan is dependable, flexible, convenient and easy. To take advantage of this service, complete the attached authorization form and return it to us. All authorizations received prior to the 10th of the month will be effective for the bill due during that month. That is, direct payment authorization received on or before the 10th of the month will have funds withdrawn from the account authorized on the 20th of that same month.

*****MUST ATTACH A VOIDED CHECK****

| Please complete the information below. | | | | |
|--|---|--|--|--|
| I authorize Village of Benton to initiate electronic debit entries to my: | | | | |
| checking account (or) savings account for payment of my electric, water, sewer and refuse bill. | | | | |
| I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing. | | | | |
| Date | | | | |
| | | | | |
| Financial Institution Name (please print) | | | | |
| Financial Institution Account Number: | _ | | | |
| Financial Institution Routing Number: | _ | | | |
| Financial Institution CityState | _ | | | |
| Benton Municipal Utility Account Number: | | | | |
| SIGNATURE | | | | |
| | | | | |

| Office Use Only | | | | | |
|--------------------|-----------------|----------------------------|------------------------|--|--|
| Received By: Date: | Approved/Denied | Deposit amount Required \$ | Date Landlord Notified | | |