AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

COMPANY: Marion Water Department

I (we) hereby authorizhereinafter called COMPANY, checking account indicated belhereinafter called DEPOSITORY,	to initia ow and t	te debit he depo	entries sitory na	to my(our) med below,
BANK NAME:	BRANCH:			
CITY:	STATE:	:	ZIP:_	
BANK ROUTING #				
BANK ACCOUNT #				
☐ COMMERCIAL BUSINESS☐ PERSONAL CHECKING AC		IG ACCO	UNT	
This authority is to remain in fu DEPOSITORY has received writt of its termination in such tim COMPANY and DEPOSITORY a r	en notific ne and ir	cation fro n such r	om accou nanner a	int holder(s) as to afford
NAME:				
(PLEASE PRINT)				
WATER ACCOUNT #				
DATE:SIGNED: ([DEPOSIT /	ACCOUN	T OWNE	₹)
Amount of water hill will	he draft	ed from	n checki	ng account

Amount of water bill will be drafted from checking account approximately 2 days before bill due date.

Submit voided check with signed agreement to complete – Thank you!