Marion Water and Sewer

Bank Draft

I authorize Marion Water and Sewer to initiate debit entries to my account indicated below and the Financial Institution named below, hereinafter called "Financial Institution," to debit the same account. I acknowledge that the origination of ACH transactions to my account must comply with U.S. law and NACHA Rules.

Account Detail 0001-_____-_____ **City Account Number**

Financial Institution Name:
City: State: Zip:
Routing Number:
Account Number:
Type of Account: _____ Checking _____ Savings (Please check one)

Start Date: _____

This authorization is to remain in full force and effect until Company has received written notification from me (or any authorized account signer) of its termination in such time and manner as to afford Marion Water and Sewer a reasonable opportunity to act on the request.

Signature: _____

Printed Name: _____

Date: _____

Attach a copy of voided check or proof of account ownership to this form