

New Automatic Withdrawal

Customer Name(s) Last	stomer Name(s) Last First Middle		Customer Water Account Number		
Water Service Location Address			City	State	Zip
Mailing Street Address if Differer	nt From Above		City	State	Zip
Name of Financial Institution					
Institution's Address			City	State	Zip
FOR BANK DRAFT - Bank Tran	sit & Routing Numb	per	Bank Account Number	Checking	Savings
FOR DEBIT OR CREDIT - Credit or Debit Card Number			Expiration Date		
PLEAS	SE ENCLOSE	A VOIDED CHE	CK IF USING YOUR BA	ANK ACCOUN	Т
I authorize Marion Utilities to au such charges for the payment o 15 days before my bank accour	f all bills rendered t	o me by Marion Utilities	. Marion Utilities will continue to	send a statement e	ach month approximately
I understand that I may disconticharged. Upon notification, Maracredit or debit to my account. action with a telephone call to the	ion Utilities will corr Please allow four to	ect any error or incorrect six weeks for your app	ct charges. If corrections in the collication to be processed. Marior	debit account are neon Utilities will notify y	cessary, it may involve ou of approval or other
Account Holder's Signature				Date	



