Authorization Form
Direct Debit of Account for Water Utility Payment

Name _____
Last First M. I.

Service Address (as it appears on your bill) _____

Water Account # (as it appears on your bill)_____

Check Applicable Election:

_____New participant. Complete and sign this form. **Attach a voided check for each account.**

_____ Change of accounts and/or financial institution. Complete and sign this form. Attach a voided check for new checking account or deposit slip for new savings account.

_____ Cancel participation. Sign form.

Account to be debited: (select only one account)

Checking Account # _____Savings Account # _____

Financial Institution _____ ABA: _____

City and State _____

AUTHORIZATION STATEMENT:

I (we) hereby authorize the City of Maryville Water Utilities and the financial institution above to debit my account electronically. This authority will remain in effect until I (we) have signed a new authorization, or upon cancellation of participation. I (we) agree to fully comply with all aspects of U.S. law.

_____ _____
Signature Date

_____
Print

CANCELLATION:

In order to properly cancel this authorization, you must notify us in writing at:

City of Maryville Water Department
P.O. Box 438
Maryville, MO 64468-1614

QUESTIONS MAY BE DIRECTED TO THE WATER UTILITIES OFFICE AT 415 N. MARKET ST. OR BY CALLING (660) 562-8005.

YOU ARE ENTITLED TO RECEIVE A COPY OF THIS COMPLETED AUTHORIZATION