



AUTOMATIC BANK WITHDRAWAL

Customer Name: _____

Requested for: Utilities Gas MMCTSU **Start Date:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone Number: _____

FROM:

Bank Name: _____

Bank City and State: _____

Bank Routing Number: _____

Customer Account Number: _____

TYPE:

Savings

Checking

AUTHORIZATION: Automatic Bank Plan for Manning Municipal Utilities

I authorize Manning Municipal Utilities to automatically withdraw funds from the account listed above. These instruments are for the payment of Manning Municipal Utilities bills drawn on my account by and payable to Manning Municipal Utilities.

It will not be necessary for Manning Municipal Utilities or anyone employed by it to sign automatic withdrawals, and your rights and duties shall be the same as if the automatic withdrawal was issued and signed personally by me. This authorization is to remain in effect until revoked by me in writing. Until you receive and have a reasonable time to act on such notice, you shall be fully protected in honoring any Automatic Withdrawal against my account.

Signature: _____

Name: (Print) _____

Accepted by: _____