

AUTOMATIC BANK WITHDRAWAL

Customer Name:		
		WA/SW/GARBAGE/STORM SEWER/PET LICENSE THDRAWN ON THE 24 TH OF EACH MONTH
Start Date:	_	
This authorization is b	eing obtained for recurri	ng transactions
Address:		
City:	State:	Zip:
Telephone Number:		
FROM:		TYPE:
Bank Name:		\square Savings
Bank City and State: _		\square Checking
Bank Routing Number	:	
Customer Account Nu	mber:	
AUTHORIZATION		r Manning Municipal Utilities
the account and specific with	ndraw dates listed above. These and/or City of Manning bills draw	ng to automatically withdraw funds from instruments are for the payment of wn on my account by and payable to
employed by it to sign autom automatic withdrawal was is until revoked by me in writin	natic withdrawals, and your right sued and signed personally by n	es and/or City of Manning or anyone ts and duties shall be the same as if the ne. This authorization is to remain in effect reasonable time to act on such notice, you val against my account.
Signature:		
Accorted by:		