

Automatic Bank Draft Authorization Form

Utility Account

Address of Service: _____

Name on Account: _____

Account Number: _____

Daytime Phone Number: _____

Financial Institution

Name of Financial Institution: _____

Owner of Account: _____

Address of Financial Institution: _____

Financial Institution Phone Number: _____

Routing Number: _____

Account Number: _____

Authorization Agreement

I hereby authorize The City of Morris to withdraw my monthly water payment from my checking account by bank draft. Draft will not exceed billed charges. **Funds will be withdrawn from my account on or about the 12th of each month.** I agree to notify The City of Morris by the 5th of the month if I have questions about my utility bill or if I want the bank draft discontinued.

Signature

Date

Please attach a void check to this document