



AUTOMATIC DRAFT/ACH DEBIT AUTHORIZATION AGREEMENT FORM



I/we hereby authorize the City of Manchester, herein after called COMPANY; to initiate debit entries to my/our checking account indicated below at the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

BANK NAME: _____

This authorization is to remain in full force and effect until COMPANY has received a written notification from me/us of its termination in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Please
Print

Name(s): _____

MWD Account Number: _____

Address: _____

Phone #: _____

Signature: _____ Date: _____

IF YOU CHANGE BANKS AND/OR ACCOUNT NUMBERS, PLEASE NOTIFY MANCHESTER WATER DEPARTMENT IMMEDIATELY.

NOTE: All written debit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

This completed form along with a voided check can be mailed to the address below, dropped off at City Hall, or emailed to: mwdbilling@cityofmanchestertn.com.

ATTACH VOIDED CHECK

FOR INTERNAL USE ONLY

Bank Routing #		Bank Account #	
Entered by:		Date:	