

Automatic Bill Payment Authorization Form

Customer Name: _____

Service Address: _____

Mailing Address (if different): _____

Phone number: _____

Routing number: _____

Checking account number: _____ or Savings account #: _____

I authorize, the City of Menville Water Department, to deduct my payment on the **8th of every month**, from the checking or savings account number listed above. I understand that I can discontinue this payment service at any time by notifying the City of Menville in writing.

Signature: _____ *Date:* _____

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