

MARBURY WATER SYSTEM
P.O. BOX 180
MARBURY, AL 36051

ACH BANK DRAFT PAYMENTS SIGN-UP FORM

CUSTOMER INFORMATION:

Name: _____

Account # _____

Email Address _____

Phone # _____

FINANCIAL INSTITUTION INFORMATION

Bank Name _____

Routing # _____

Account # _____

Name on Account _____

Account Type (circle one) CHECKING SAVINGS

I certify that the information above is correct, that I am an authorized signer or designate of the account provided for ACH transactions, and that I am authorized to provide this information.

I authorize Marbury Water System to deduct my utility payments from this bank account via Electronic Fund Transfer (EFT). I understand sending a written notification to cancel to Marbury Water System will revoke this authorization.

Marbury Water System reserves the right to cancel Electronic Fund Transfers due to insufficient funds or closed accounts without notice.

PRINT Authorized Name

SIGNATURE Authorized Name

Date