



Authorization Agreement for Direct Payment of Town of Munster Water Utility Bill

I (We) hereby authorize the Town of Munster Water Department, hereinafter called TOWN, to initiate debit entries to my (our) account indicated below and the depository named below, hereinafter called BANK, to debit same to such account.

YOUR WATER ACCOUNT BALANCE WILL BE PAID ON THE DUE DATE OF EVERY MONTH.

Name of Bank _____

City _____ Type checking savings

Routing # _____ Acct # _____

This authority is to remain in full force and effect until TOWN and BANK have received written notification from me (or either of us) of its termination in such time and in such manner as to afford TOWN and BANK a reasonable opportunity to act on it.

Printed Name(s) _____

Signature(s) _____ **DATE:** _____

Service Address _____ **Phone:** _____

Please return this form with your water utility bill payment or bring it to the Clerk-Treasurer's Office.

Office Use Only:

Account # _____ Input date/initials _____
Service Date _____ Prenote _____ Verified to pull _____

PLEASE MANUALLY PAY ONE ADDITIONAL BILL TO ALLOW TIME FOR THE ACCOUNT NUMBERS TO BE VERIFIED BY THE BANKS

Please fill out top section or attach a voided check.