

City of Marine City

Automated Payment Program-Water/Sewer Bills

Authorization Agreement for Automated Payments

Account Information

Name _____
(As it appears on your bank account)

Billing Address _____

Account Number _____

Financial Institution Information

Financial Institution Name _____

Address _____

Account # _____ Routing # _____

ID Number from Bank _____

Account Type: Savings ____ Checking ____

Financial Institution Telephone # (____) ____ - _____

Authorization

I hereby authorize the City of Marine City to withdraw from my bank account my water/sewer billing amount on the due date of the bill. This will remain in effect until written notice has been received by the City of Marine City in such a manner as to afford reasonable time to act on it.

Signature _____

Date _____

NOTE: ALL INFORMATION MUST BE COMPLETED IN FULL.