



CITY OF MERIDIAN

AUTHORIZATION FOR BANK DRAFT

RETURN TO: UTILITY BILLING, PO BOX 1430

MERIDIAN, MS 39302-1430

UTILITY ACCOUNT NUMBER: _____ DATE: _____

NAME: _____
(AS LISTED ON WATER/SEWER/GARBAGE ACCOUNT)

ADDRESS: _____
(AS LISTED ON WATER/SEWER/GARBAGE ACCOUNT)

TO: _____
(BANK NAME) (BANK ADDRESS)

EFFECTIVE THIS DATE, THE CITY OF MERIDIAN UTILITY BILLING DEPARTMENT IS AUTHORIZED TO ELECTRONICALLY DEBIT MY BANK

ROUTING# _____ ACCOUNT # _____

FOR THE UTILITY SERVICE ACCOUNT ABOVE.

PLEASE CHECK ONE: ACCOUNT IS: CHECKING _____ SAVINGS _____

PLEASE CHECK FREQUENCY OF DEBITS: MONTHLY _____

AMOUNT OF DEBIT WILL VARY MONTHLY BASED ON WATER USAGE.

I UNDERSTND THAT THIS AUTHORIZATION WILL REMAIN IN EFFECT UNTIL I NOTIFY THE CITY OF MERIDIAN UTILITY BILLING DEPARTMENT IN WRITING, BY PHONE OR IN PERSON THAT I WISH TO REVOKE THIS AUTHORIZATION.

NAME AS LISTED ON BANK ACCOUNT

AUTHORIZED SIGNATURE

DATE

MAILING ADDRESS

PHONE NUMBER

ATTACH A VOIDED CHECK OR COPY OF CHECK HERE