CITY OF MARENGOWATER & SEWER ACH APPLICATION

ACCOUNT#		SOCIAL SI	ECURITY#		
NAME:					
NAME:LAST		FIRST	MIDDL	MIDDLE INITIAL	
SERVICE ADDRES	S:				
	NUMBER	STREET	PO BOX	APT#	
MAILING ADDRESS:					
(IF DIFFERENT)	NUMBER	STREET	PO BOX	APT#	
	CITY	STATE		71D	
	CITY	SIAIE		ZIP	
PHONE# (H)	(W)				
Authorization is granted for au authority is to remain in full for termination in such time and m (we) acknowledge that the origi	rce and effect until the Cit anner as to afford the City	ty of Marengo has received of Marengo and finance	ved written notification from cial institution a reasonable of	n undersigned party of its opportunity to act on it. I	
SIGNATURE		DATE			
NAME OF INSTITU	TION:			_	
ADDRESS:					
PHONE#:					
BANK ROUTING #:					
CHECKING ACCOUNT#:					

STAPLE VOIDED CHECK HERE