MADISON Indiana
Water and Sewer

# DEBIT AUTHORIZATION

I (we) hereby authorize The City of Madison to initiate debit entries to my (our) account indicated below and the financial institution named below, to debit the same to such account for payment of water/sewage bills. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

_____
(Financial Institution Name) (Branch)

_____
(Branch Phone Number)

_____ _____ Type of Acct: _____Checking _____Savings
(Routing Number) (Account Number)

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

_____ _____
(Print Individual/Business Name) (Signature)

_____ _____
(Print Customer Water Acct. Number) (Date)

_____
(Service Address)

**You will need to pay your bill manually until it states "DO NOT PAY – DIRECT WITHDRAWAL"**

## PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM