

MSC AUTOMATIC WITHDRAWAL ENROLLMENT

All payments will be deducted on the 1ST of each month

Customer Name:		
ervice Address:		
hone Number: (H)	(C	C)
mail Address:		
Account # (s)		
Required Financial Inst	itution Information - attach voided ched	ck or letter from your financial institu
inancial Institution:		
ype of Account:	[] Checking [] Savings	
Account Number:	Routing	g Number:
authorize Municipal Se ccount listed above to emain in effect until N	ervices Commission (MSC) to initiate delonate payment in full for the utility ac MSC is notified in writing to cancel this s prior to a scheduled payment.	ccount(s) listed above. This authority
authorize Municipal Sence account listed above to emain in effect until N nade five business days	make payment in full for the utility ac ASC is notified in writing to cancel this	ccount(s) listed above. This authority
authorize Municipal Seaccount listed above to remain in effect until Namade five business days	o make payment in full for the utility ac ASC is notified in writing to cancel this is prior to a scheduled payment. Printed Name John Doe 456 Any Street MY Town, US 00000-0000 DATE	count(s) listed above. This authority agreement and that notification must be a part of the description of t
authorize Municipal Secount listed above to emain in effect until Nade five business days	o make payment in full for the utility ac ASC is notified in writing to cancel this is prior to a scheduled payment. Printed Name John Doe 456 Any Street	ccount(s) listed above. This authority agreement and that notification must be a second before
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PAY TO THE ORDER OF	o make payment in full for the utility active MSC is notified in writing to cancel this is prior to a scheduled payment. Printed Name John Doe 456 Any Street MY Town, US 00000-0000 DATE and Faith Bank	count(s) listed above. This authority agreement and that notification must be a part of the description of t