



**AUTHORIZATION FOR AUTOMATIC WITHDRAWALS
OF SEWAGE PAYMENTS FROM CUSTOMER BANK ACCOUNT**

Grantee: City of Muncie / Muncie Sanitary District

I (we) hereby authorize the Muncie Sanitary District to initiate charge entries for sewage payments and to initiate, if necessary, deposit entries and adjustments for any charge entries in error to my (our) **checking account** or **savings account** (please circle one) at the bank or depository named below.

This authorization is to remain in full force and effect until the Muncie Sanitary District has received written notification from me (or either of us). Such notice must be delivered in such time and in such manner as to afford the Muncie Sanitary District and my bank or depository a reasonable opportunity to act on it.

I understand that the Muncie Sanitary District will continue to mail a sewage bill to me advising me of the amount of my sewage charge. I further understand that the date of the withdrawal will be the same as the due date listed on my sewage bill.

X _____
signature of customer

customer telephone number

name of customer

mailing address

sewage account number

sewage service address

email address

Bank name, city, & state _____

Routing # _____ Bank account # _____

Please attach voided check at the top of this form and mail to:

*Muncie Sanitary District
P. O. Box 1674
Muncie, Indiana 47308*

