

City of Marshall

P.O. Box 298, Marshall, IL 62441
1-217-826-8084

Authorization Agreement for Automatic Withdraw Payments

The authority will remain effective until City of Marshall has received from me (us), the customer, a written notice of termination, or cancelled by the City of Marshall, upon written notification to the customer, due to Non-Sufficient Funds.

CITY OF MARSHALL Account Number: _____

Name on Account: _____

Address: _____

City: _____ State: _____ Zip: _____

I (we) herby authorize the City of Marshall to initiate debit entries to my (our) checking or savings account indicated below.

Bank Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Bank Phone Number: _____

Account Number: _____

Transit Routing Number: _____
Should be 9 digits for routing/ABA #

Type of Account: Checking _____ Savings _____

Date: _____

Signature(s): _____

Print Name(s): _____