



205 E State Street, PO Box 1420
Marshalltown, IA 50158

BANK BILLING AUTHORIZATION

ACCOUNT #

SERVICE ADDRESS

DATE

I hereby authorize the Marshalltown Water Works to debit my bank account as per the Marshalltown Water Works Rules and Regulations Section 107.3.1 BANK AUTHORIZATION PAYMENTS.

Customer name _____

Telephone _____

Mailing address _____

Bank Information

Bank Name

Signed _____

Bank Account Number

PLEASE ATTACH A VOIDED CHECK

Rev. 6/17/10