

Authorization for Bank Drafting

I authorize the Warminster Municipal Authority to debit my account for the amount of service billed on my water/sewer bill.

I also authorize the financial institution identified below to debit the same amounts from my account.

_____ WMA Account No.: _____
(Name)

(Mailing Address)

_____ (City) (State) (Zip)

_____ (Phone Number) (Cell Number)

(Email Address)

Please enter the name of your financial institution:

Bank _____ Credit Union _____ Savings & Loan _____

Please Check the appropriate type of account:

Checking _____ (my voided check is attached)

Savings _____ (a copy of my deposit slip is attached)

Account Number _____

SIGNATURE: X _____ Date: _____