

Direct Payment Enrollment Form

City of Marietta
Water and Waste Water Department
(740) 373-3515

Your Utility Bill Account Number _____

Name _____

Street Address _____

City/State/Zip _____

Daytime Phone # _____

Please deduct payment for my Utility Bill from the following account:

Name of Bank/Savings & Loan / Credit Union

Checking

Savings

Routing Number _____

Account Number _____

ENCLOSE A VOIDED CHECK OR SAVINGS DEPOSIT SLIP WITH THIS FORM

I authorize the City of Marietta to deduct payment for my Utility Bill from the account listed above. I understand that if I decide to discontinue this payment plan, I must provide written notice to the following:

City of Marietta
Water and Waste Water Department
P.O. Box 774
Marietta, OH 45750

Signature _____ Date _____

Upon receipt of this form, voided check or savings deposit slip, the automated withdraw process will begin upon your next billing.