Town of Morrison

Morrison Public Works Authority PO Box 96 Morrison, OK 73061

P (580) 724-3531

F (580) 724-3534

cityhall@townofmorrisonok.com

Bank Draft Authorization Form

I hereby authorize Morrison Public Works Authority to draft my account at:

Name of Bank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bank Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \*Bank Routing Transit Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \*Bank Account: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Checking or Savings

 (Please Circle)

 \*Please attach a voided check and return this document to MPWA\*

 This payment is for Morrison Public Works Authority for which I voluntarily subscribed.

 I further agree that I have the right to terminate or change my bank draft information, I will notify Morrison Public Works Authority and the above name bank in writing at least thirty days prior to the effective termination date.

 I understand that this authorization will remain in effect until terminated by me, and that bank drafts will be processed by the 8th of every month.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_