



**MACON
MUNICIPAL
UTILITIES**

AUTOMATIC BANK DRAFT AUTHORIZATION FORM

All information is required before processing

PERSONAL INFORMATION	FINANCIAL INFORMATION
Name	Financial Institution
Mailing Address	Address
City, State and Zip	City, State and Zip
Telephone Number	Telephone Number
	Routing Number (First 9 digits at bottom of check)
	Checking Account Number

I grant authority to Macon Municipal Utilities (MMU) to draft my account listed above for payment amounts due on the account(s) listed below. The financial institution listed above is authorized to pay such drafts when so drawn and presented for payment until authority is revoked.

Signature

Date

Please list below the MMU service address(es) for each account you would like to be paid by bank draft.

MMU Service Address(es)

Please submit the completed form in one of the below methods:

Mail or deliver: 106 W. Bourke, P.O. Box 569, Macon, MO 63552

Fax: 660.385.6554

Email : customerservice@maconutilities.com