

AUTOMATIC BILL PAYMENT ENROLLMENT FORM

Name (as shown on your bill): _____

Service Address: _____

City/State/Zip: _____

Mailing Address (If different): _____

Account Number: _____ Daytime Phone: _____

I, (print name of Checking Account holder), _____
authorize my bank to make my monthly payments directly to the City of Marshall,
and post them to my bank account for an indefinite period of time, or to end as of
the month of _____.

Bank Name: _____

Bank Address: _____

Checking Account Number: _____

(attach a VOIDED check with this form)

I understand that I am in full control of my payment, and that I can write and/or
call the City of Marshall to ask questions, make changes, or discontinue the
program.

Signature: _____ Date: _____

Social Security #: _____

For Office Use Only Date Received: _____ Date to Begin: _____

Bank ABA #: _____

We have received your completed enrollment form for automatic bill payment of
your utility bill with the City of Marshall.

Your utility bill will be automatically deducted from your checking account. The
amount owed may be deducted up to 4 days prior to your due date. You will still
receive a copy of your monthly bill so that you may review the charges.

If you have any questions,
wish to make changes or
discontinue the program,
please contact the Customer
Service Department at Town
Hall. (269) 781-3967