City of Marion

398 N Broadway, PO Box 94
Marion SD, 57043
Phone (605) 648-2869 / Fax (605) 648-3539

DIRECT DEBIT AUTHORIZATION FORM

I, _____, hereby give permission to the City of Marion and their banking institution to debit my checking account for the sole purpose of collecting my monthly utility bill. I recognize the convenience of this arrangement and have voluntarily provided the information below.

Checking Account ☐ Savings Account ☐

Bank Name _____

Bank Address_____

Bank ABA Routing Number _____
(Please attach a voided check)

Bank Account Number _____

I understand that my account will be debited on or after the 10th day of each month for the amount owing for the utility bill. If the 10th falls on a holiday or weekend, my account will be debited the following business day. I also understand that non-sufficient funds returns will be subject to a $40 processing fee which will be collected in addition to normal fees.

This authorization is valid until revoked by me in writing.

_____ _____
Name (Print) Date

_____ _____
Signature Phone Number

****Please complete and return to**
City of Marion, 398 N Broadway Ave, PO Box 94, Marion SD 57043**