

**BOROUGH OF MARYSVILLE
200 OVERCREST ROAD
MARYSVILLE, PA 17053
(717) 957-3110 Fax (717) 957-4793**

DEBIT AUTHORIZATION FORM

Sewer and Garbage Account # _____

I, _____, authorize the Borough of Marysville,
(print name)

to charge my bank account known as _____
(bank name)

and bank account # _____ on the last day of the month from

issuance of the sewer and garbage bills. This authorization shall serve for the

property located at _____, Marysville, PA 17053

Authorized Signature

Date

Phone Number

PLEASE ATTACH A VOIDED CHECK