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## BANK DRAFT AUTHORIZATION FORM

Account Name	Account Number	
Service Address		
I,	, authorize the City of Poplarville to debit my	
checking/savings account through	Name of bank	bill.
Start my bank draft withdrawal on the fi	fteenth (15 <sup>th</sup> ) day of Month	
Bank Routing Number	Bank Account Number	
Signature	Date	

Attach voided check here: