



Town of Smyrna

DAVID S. HUGG III, TOWN MANAGER

Direct Debit Plan Request

I authorize the Town of Smyrna to automatically debit my bank account monthly* under the Direct Debit Plan. I understand that this agreement may be terminated by me at any time in writing. Any incorrect charges will be corrected upon notification to the Town of Smyrna. If corrections are necessary, it may result in a credit or debit to my checking account.

Authorized Signature John Doe Date 12-31-08

Customer Information (please print clearly**):

Name John Doe

Address 123 Main Street

City Smyrna State DE Zip 19977

Account Number 12345 - 6789 Phone Number (302) 653 - 1234

Financial Institution Information:

Name Smyrna Bank

Address 125 Main Street

City Smyrna State DE Zip 19977

Routing #: 123456789 Checking Account # 01234567

Phone Number (302) 659 - 1234

* If the request is received after the 1st of the month, Direct Debit will take effect the following month.

** Incomplete or illegible forms will not be processed.

MEMPHIS P. EVANS · GENE A. MULLEN · WILLIAM C. RAYNOR · WILLIAM D. PRESSLEY SR. · LAWRENCE O. THORNTON, JR. · VALERIE M. WHITE
27 SOUTH MARKET STREET PLAZA · P.O. BOX 307 · SMYRNA, DELAWARE 19977