BANK DRAFT AUTHORIZATION FORM
WATER DEPARTMENT

Start Draft: ☐ Stop Draft: ☐

Request Date: _____

Water Account #: _____

Service Address: _____

Street # Street Name City State Zip

Last Name: _____

First Name: _____

Phone #: _____

SSN# / EIN#: _____

I hereby authorize the City of Whitesburg Water Department to debit my bank account as noted below, to cover my water bills & charges. I understand my account will be automatically debited on the **15th** day of the due date of my bill.

This authorization will remain in effect until the City of Whitesburg has received written notification from me of its termination. This notification will be given in such a timely manner as to notify the bank in a reasonable time to stop any future drafts. If an automatic debit is returned by my bank, I understand I will be taken off of bank draft and will be charged any applicable collection fees by the City of Whitesburg.

BANK ACCOUNT INFORMATION

Bank Name: _____

Bank City & State: _____

Bank Phone: _____

Bank Account Name: _____

Bank Account Routing # _____

Bank Account #: _____

Checking: ☐ Savings: ☐

_____ _____

Water Customer Signature Date Signed