

# EUFAULA WATER AND SEWER BOARD BANK DRAFT AUTHORIZATION

NAME AS IT APPEARS ON BANK ACCOUNT (PLEASE PRINT)

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UTILITY ACCOUNT NUMBER AND NAME

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BANK ACCOUNT NUMBER TO BE DRAWN FROM

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BANK NAME OR INSTITUTION

CITY, STATE, ZIP

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BANK ROUTING NUMBER

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I, the undersigned, hereby grant authority to Eufaula Water and Sewer Board, to initiate debit entries to my ( ) Checking ( ) Savings account, as indicated in the form above.

I hereby request that a payment for my utility service to be drawn from my account electronically every month, once ACH activated, unless a request is signed to discontinue this service.

I understand that payments must be made manually until ACH is activated, which could take up to 2 months. ACH is active once bill reads *Paid by Bank Draft*. No exemptions will be made for late charges incurred during this activation period.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

(A VOIDED CHECK MUST BE ATTACHED TO THIS FORM)

Enter your email below to enroll in paperless billing. You will receive a \$1 monthly credit as long as you remain on paperless billing and bank draft.

EMAIL: \_\_\_\_\_