

EUFAULA WATER AND SEWER BOARD BANK DRAFT AUTHORIZATION

NAME AS IT APPEARS ON BANK ACCOUNT (PLEASE PRINT)

UTILITY ACCOUNT NUMBER AND NAME

BANK ACCOUNT NUMBER TO BE DRAWN FROM

BANK NAME OR INSTITUTION

CITY, STATE, ZIP

BANK ROUTING NUMBER

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. **Customers will be drafted on the 5th of each month – or next business day.**

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. If your bank draft is returned for any reason, the applicable Returned Item Fee will be charged. (See current fee schedule.)

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: _____

EMAIL: _____