

BANK DRAFT AUTHORIZATION



UTILITY ACCOUNT INFORMATION

Name on Utility Account:

Utility Account #:

Utility Service Address:

BANKING INFORMATION

Name as it Appears
on Account :

Bank Name or
Institution :

City :

State :

ZIP Code :

Account Type: ☐ Checking ☐ Savings

Account Number:

Routing Number :

I, the undersigned, hereby grant authority to Eufaula Water and Sewer Board, to initiate debit entries to my Checking or 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 is 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.) Form is not valid without a voided check or other accepted banking documentation attached.

Signature: _____ Date: _____

More Information :

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+1 (334) 687-1225
www.eufaulawaterworks.com

Office Initials

THANK YOU FOR YOUR INFORMATION