



Electronic Draft Authorization Form

Utility Account Number: _____
Name On Bank Account: _____
Home Address: _____
City-State-Zip: _____
Telephone Phone No.: (____) _____ - _____
eMail: _____

Your bank's name: _____

Bank's Routing #: _____ Your Account #: _____

Type of account: _____ Checking _____ Savings

Signature _____ Date _____

Please include a void checking account deposit slip in the space below with your application.

Must be returned in person.

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