



Bank Draft Form

VOIDED CHECK REQUIRED

Date: _____

Name: _____

Service Address: _____

Phone Number: _____

I, _____, agree that my utility bill for the above service address will be directly paid out of my bank account. This transaction will be debited from my account on the scheduled due date every month. If the due date falls on a weekend or holiday the bank will move the payment to the following business day. A voided check must be attached.

Bank Name: _____

Address: _____

Account #: _____

Routing #: _____

City Account #: _____

Signature