

Gainesboro Water/Sewer
Bank Draft

Customer Name_____

Address_____

City, State, Zip_____

Water/Sewer Account Number_____

I_____authorize my financial institution to debit my account for my monthly bill on/or around the 11th of each month for the Gainesboro Water & Sewer and post them to my account.

I understand that the most current non-sufficient funds fee will be charged to my account in the event that there are insufficient funds in my bank account to cover my bill and the automatic bank payment will be stopped.

Bank Name_____

Routing Number_____

Bank Account Number_____

Checking or Savings_____

Attach a voided check showing your name and checking account number. I understand I control my payment and if at any time I decide to discontinue the automated bill payment service, I will send written notification to Gainesboro Water/Sewer and my financial institution.

Gainesboro Water/Sewer

Signature

Date