

Scott City Water Dept.
215 Chester Avenue - CITY, SCOTTCITY,MO

ACH Bank Draft Payments Sign-Up Form

CUSTOMER INFORMATION

Name: _____
Account No: _____
E-Mail Address: _____
Daytime Phone No: _____

FINANCIAL INSTITUTION INFORMATION

Bank Name: _____
Bank Routing/Transit No: _____
Name on Account: _____
Account Type (circle one): CHECKING / SAVINGS
Account No: _____

I certify that the information above is correct, that I am an authorized signer or designate of the account provided for ACH transactions, and that I am authorized to provide this information.

I authorize Scott City Water Dept. to deduct my utility payments from this bank account via Electronic Fund Transfer. I understand sending a written notification to Scott City Water Dept. will revoke this authorization.

Scott City Water Dept. reserves the right to cancel Electronic Fund Transfers due to insufficient funds without notice.

Please bring in this Form to City Hall at the address above with a Voided Check.

Print Authorization Name

Authorized Signature

Date

Your Payment will be drafted on the 10th of each month. If the 10th falls on a holiday or weekend, the draft will be processed on the next business day.