

TOWN OF BISCOE
WATER BILL DRAFT CONSENT FORM

I give my consent to have my water bill drafted from my bank account each month. If there is a return, due to insufficient funds, on 3 separate billing cycles, I will no longer be able to have my account drafted and I will be responsible for additional charges; and I understand I will be taken off the draft completely.

Account Information

Name of Bank

Bank Address (including city, state, and zip)

Bank Routing Number

Bank Account Number

Water Bill Account Number _____

Signature

Date