Office use only: Account Number _____

ICARD TOWNSHIP WATER CORPORATION AUTOMATIC BANK DRAFT ENROLLMENT FORM

FOR CHECKING ACCOUNT ONLY ON THE 7th OF EVERY MONTH

1. Fill in all the below information.
2. Attach voided check (not deposit slip).
3. Sign and date form.
4. If it is a joint bank account, both account holders must sign and date this form.

Last Name: First Name:

Home Phone Number: Cell or Alternate Phone Number:

Icard Township Water Corporation Account Number:

Mark Required Action:		Mark Ownership of **Checking Account**:	
New Set Up Request		Self	
Change in existing		Joint	
Cancel draft		Other	

Bank Name:	
Bank Routing Number:	
Bank Checking Account Number:	
Effective Date: *(Current Date)*	

ATTACH A VOIDED CHECK HERE

Do not attach a deposit slip as they do not have the necessary information

John Doe
Anywhere, USA Date:

Pay to the order of: $

Bank Name

VOID

Routing & Account Number

By signing this agreement you authorize Icard Township Water Corporation on the 7th of every month to initiate debit entries to the bank account(s) indicated above for the purpose of my water bill. I further authorize the adjustments in the event of an error.

Signature: Date:

Signature: (If joint account) Date:

Office use only: Entered by: _____ Date: _____