

Icard Township Water Corporation



Bank Automatic Draft Authorization Form

Steps for completing this form:

1. Fill in all the below information.
2. Attach voided check (not deposit slip).
3. Sign and date form.
4. If the account is not in your name alone, have the other account holder also sign and date form.

Last Name:

First Name:

Home Phone #:

Cell or Alternate Phone #:

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 to initiate debit entries to the 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: _____

