

Office use only: Account Number _____

ICARD TOWNSHIP WATER CORPORATION AUTOMATIC BANK DRAFT ENROLLMENT FORM

FOR CHECKING ACCOUNT ONLY

- 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 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: _____

Office use only:

Entered by: _____

Date: _____