

# Icard Township Water Corporation



## Bank Automatic Draft Authorization Form

Steps for completing this form:

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

Icard Township Water Corporation Account Number: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Phone #:

Cell or Alternate Phone #:

***Please check one:***

Mark Required Action:

Mark Ownership of Checking Account:

|                    |                          |
|--------------------|--------------------------|
| New Set Up Request | <input type="checkbox"/> |
| Change in existing | <input type="checkbox"/> |
| Cancel draft       | <input type="checkbox"/> |

|       |                          |
|-------|--------------------------|
| Self  | <input type="checkbox"/> |
| Joint | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

Bank Name:

Bank Routing Number:

Bank 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                   | Date: _____ |
| Anywhere, USA              |             |
| 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: \_\_\_\_\_

