

Cherokee County Water and Sewer Authority

PO Box 400, 161 East Main Street
Centre, AL 35960

ACH BANK DRAFT PAYMENT SIGN-UP FORM

CUSTOMER INFORMATION

Name: _____

Account Number: _____

Phone Number: _____

FINANCIAL INSTITUTION INFORMATION

Bank Name: _____

Bank Routing/Transit Number: _____

Name on Account: _____

Account Type (circle one): Checking Savings

Account Number: _____

I certify that the information above is correct, that I am an authorized signer or designate of the account provided for ACH transactions, and that I am authorized to provide this information.

I authorize Cherokee County Water and Sewer Authority to deduct my utility payments from this bank account via Electronic Fund Transfer. I understand sending a written notification to Cherokee County Water and Sewer Authority will revoke this authorization.

Cherokee County Water and Sewer Authority reserves the right to cancel Electronic Fund Transfers due to insufficient funds without notice.

Authorized Signature

Printed Name

Date

ATTACH VOIDED CHECK TO FORM AND MAIL TO ABOVE ADDRESS