

Town of Double Springs Water & Sewer Board

Application for Bank Draft

Date _____

Name _____ **Customer #** _____

Address _____

City _____ **State** _____ **Zip Code** _____

Phone _____

Bank _____

Bank Address _____

City _____ **State** _____ **Zip Code** _____

Phone _____

Bank Account # _____

Bank Routing # _____
(This number needs to come off of a check)

All bills are due the 1st of the month and are late after the 10th.

With this in mind, all drafts will generally take affect on the **5th** of the month, or within a day or 2 before or after said date. This will allow for holidays and weekends.

I, _____, have read and agree to allow charges to be deducted out of my bank account and deposited into the Town of Double Springs Water & Sewer Board for water services rendered.

Signature of Applicant