

ACH BANK DRAFT WATER FORM

CUSTOMER INFORMATION				
N ame:				
Water Account #:				
Phone:				
E-mail:				
CUSTOMER INFORMATION				
Bank Name:				
Account #:				
Routing/Transit #:				
Name on Account:				
Account Type (circle one):	CHECKING	Savings		
I certify that the information aboun ACH transactions, and that I am a		_	signated of the account provider f	or
I authorize City of Bells to deduct written notification to City of Bell			Auto Draft. I understand sending a	ì
PRINT AUTHORIZED NAME				
Authorized Signature		Date		
	COPY OF A P	ICTURE ID IS REQUIRED		

203 South Broadway, Bells, Texas 75414 Phone 903-965-7744, Fax 903-965-0250 www.cityofbells.org