

Eastpoint Water & Sewer District
40 ISLAND DRIVE, EASTPOINT, FL 32328

ACH Bank Draft Payments Sign-Up Form

CUSTOMER INFORMATION

Name: _____

Account No: _____

E-mail Address: _____

Phone No: _____

FINANCIAL INSTITUTION INFORMATION

Bank Name: _____

Bank Routing/Transit No: _____

Name on Account: _____

Account Type (circle one): CHECKING / SAVINGS

Account No: _____

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 Eastpoint Water & Sewer District to deduct my utility payments from this bank account via Electronic Fund Transfer. I understand sending a written notification to Eastpoint Water & Sewer District will revoke this authorization.

Eastpoint Water & Sewer District reserves the right to cancel Electronic Fund Transfers due to insufficient funds without notice.

Print Authorized Name

Authorized Signature

Date