



**ST. JOHN THE BAPTIST PARISH
UTILITIES BILLING DEPARTMENT
AUTOMATIC DRAFT APPLICATION**

CHECKING ACCOUNT & FINANCIAL INSTITUTION

NAME _____

ACCOUNT # _____

FINANCIAL INSTITUTION NAME _____

FINANCIAL INSTITUTION ROUTING # _____

I (WE) HEREBY AUTHORIZE ST. JOHN PARISH UTILITIES TO INITIATE ENTRIES TO MY (OUR) CHECKING ACCOUNT AT THE FINANCIAL INSTITUTION INDICATED. AND IF NECESSARY, INITIATE ADJUSTMENTS FOR ANY TRANSACTIONS CREDITED IN ERROR. THIS AUTHORITY WILL REMAIN IN EFFECT UNTIL THE ST. JOHN UTILITIES BILLING DEPARTMENT IS NOTIFIED BY ME (US) IN WRITING TO CANCEL OR CHANGE IT IN SUCH TIME AS TO AFFORD THE UTILITIES BILLING DEPARTMENT A REASONABLE OPPORTUNITY TO ACT ON IT.

(SIGNATURE)

(DATE)

(BOTH SIGNATURES IF REQUIRED)

(DATE)



**ST. JOHN THE BAPTIST PARISH
UTILITIES BILLING DEPARTMENT
AUTOMATIC DRAFT APPLICATION**

UTILITY BILL ACCOUNT INFORMATION

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

CUSTOMER ID _____

SIGNATURE _____

(IF DIFFERENT THAN BANK ACCOUNT HOLDER)

THIS FORM MUST BE ACCOMPANIED BY A VOIDED CHECK

**ADDITIONAL FEES SHALL BE CHARGED FOR ALL RETURNED DRAFTS.
WE RESERVE THE RIGHT TO CANCEL DIRECT DRAFTING AFTER TWO
(2) RETURNED DRAFTS.**

INTERNAL USE ONLY:

DATE PRENOTED: _____

INITIALS: _____

DATE ACTIVATED: _____

INITIALS: _____