

WEST JACKSON COUNTY UTILITY DISTRICT

ACH Bank Draft Payment Sign Up Form

CUSTOMER INFORMATION

Name: _____

Customer 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 WEST JACKSON COUNTY UTILITY DISTRICT to deduct my utility payments from this bank account via Electronic Funds Transfer.

WEST JACKSON COUNTY UTILITY DISTRICT reserves the right to cancel ACH Bank Draft enrollment due to insufficient funds / non payment returns on account without notice. If an ACH Bank Draft Payment is returned for non payment or insufficient funds, any waiver of the current deposit is forfeited and the customer will owe the deposit, the amount of the return item and any late fees or penalties associated with the returned payment, within 5 days of the returned item.

Print Authorized Name

Authorized Signature Date

*****Please include a voided check along with identification when submitting form*****