

**Town of Abbeville - Water Department  
P.O. Box 19  
Abbeville, MS 38601**

(662) 259-2878 - Office  
(662) 259-2878 - Fax  
abbeville@ms.metrocast.net

**BANK DRAFT AUTHORIZATION FORM**

The Town of Abbeville offers an easy and convenient way to pay your water bill. Through bank drafting, your monthly bill is withdrawn automatically from your checking and/or savings account. You will continue to be provided a monthly statement showing your current charges. Because payment is automatic, there are no late fees or postage costs. This service is provided to you free of charge.

**INSTRUCTIONS:**

Complete the authorization form below and return to Town of Abbeville.

To authorize payment from your checking/savings account, provide account information along with a blank check marked VOID.

Payments will be deducted from your checking/savings account on the due date or the first business day following the due date. This information will be shown on your utility bill along with your bank statement.

If we receive two (2) returned bank drafts as unpaid for any reason, you will be taken off the bank draft program. Penalties will be applied to your water bill.

The first automatic draft may take up to thirty (30) days from receipt of this authorization form.

You may cancel this plan at any time by completing a "Bank Draft Cancellation Form".

# Bank Draft AUTHORIZATION FORM

\_\_\_\_\_  
Customer Name (as it appears on your water bill)

\_\_\_\_\_  
Account Number (as it appears on your water bill)

\_\_\_\_\_  
Service Address

\_\_\_\_\_  
Daytime Telephone Number

\_\_\_\_\_  
Email Address

Bank Information: Type of Account: \_\_\_\_\_ Checking \_\_\_\_\_ Savings

\_\_\_\_\_  
Bank Name

\_\_\_\_\_  
Bank ABA Routing Number

\_\_\_\_\_  
Bank Account Number

\_\_\_\_\_  
Name on Bank Account

I authorize the Town of Abbeville and the financial institution designated on this authorization form to withdraw from my checking/savings account payment of my water bill. I understand that both the financial institution and the Town of Abbeville reserve the right to terminate this payment plan and/or my participation herein. I also understand that at any time I may elect to discontinue my enrollment in this plan by notifying the Town of Abbeville -Water Department in writing that you want to cancel the Bank Draft.

\_\_\_\_\_  
Signature (of bank account holder) Signature Date

We will accept a scanned and emailed, faxed or mailed version of your voided check and bank draft authorization form.

