

GLENPOOL BANK DRAFT AUTHORIZATION

By signing this form, you are authorizing the Glenpool Utility Service Authority to draft payment from your bank account each month. ***This form must be received 72 business hours before monthly draft is processed on the 10th.***

If payment is returned for insufficient funds; a charge of \$30.00 will be assessed to you and possible service interruption.

Customer Utility Account Number: _____

Customer Name: _____

Customer Phone Number: _____ Work: _____

Customer Service Address: _____

THE INFORMATION BELOW IS REQUIRED FOR PROCESSING AND WILL BE KEPT CONFIDENTIAL.

Your bank information:

Name of Bank: _____

Bank Routing Number: _____

Checking Account Number: _____

Customer Signature: _____ Date: _____

PLEASE ATTACH A VOIDED CHECK

