

WATER BILL BANK DRAFT AUTHORIZATION

TO: CITY OF QUITMAN
P O BOX 16
QUITMAN MS 39355

THIS IS TO AUTHORIZE THE CITY OF QUITMAN TO ISSUE A DRAFT ON MY ACCOUNT EACH MONTH FOR THE AMOUNT OF MY WATER BILL.

DATE: _____

NAME: _____

WATER ACCOUNT # _____

CHECKING ACCOUNT NAME _____

CHECKING ACCOUNT # _____

BANK NAME _____

BANK ROUNTING NUMBER _____

SIGNATURE _____

VERIFIED BY: _____

(CITY OF QUITMAN PERSONNEL)

SPECIAL NOTES: _____

