OB WATER P. O. BOX 247,ORANGE BEACH, AL 36561-

ACH Bank Draft Payments Sign-Up Form

CUSTO	CUSTOMER INFORMATION		
	Name:		
	Account No:		
	E-mail Address:	·	
	Phone No:		
FINANCIAL INSTITUTION INFORMATION			
	Bank Name:		
	Bank Routing/Transit No:		
	Name on Account:		
	Account Type (circle one): CHECKI	NG / 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 OB WATER to deduct my utility payments from this bank account via Electronic Fund Transfer. I understand sending a written notification to OB WATER will revoke this authorization.		
	OB WATER reserves the right to cancel Elinsufficent funds without notice.	ectronic Fund Transfers due to	
-	Distant in the		
	Print Authorized Name		
	Authorized Signature	Date	