



Automatic Bank Draft Authorization

Checking Account Savings Account **(Please select one)**

Rogers Water Utilities Account No. (s) _____

I hereby authorize Rogers Water Utilities to initiate debit entries to my checking or savings account listed below and the depository listed below. **PLEASE ATTACH A VOIDED CHECK.**

Bank Name: _____

Routing (ABA) #: _____ Account #: _____

Start with Bill Due: _____

This authority is to remain until Rogers Water Utilities has received notice from me of its termination in such time and in such manner as to afford Rogers Water Utilities a reasonable opportunity to act on it. I understand that Rogers Water Utilities reserves the right to terminate my participation in the automatic bank draft program.

Account Name(s) _____
(Please Print)

(Please Print)

Service Address: _____

City State Zip

Phone: _____

Signature: _____ Date: _____