

Claiborne Utilities District

Automatic Payment Service Request Form

CUD ACCOUNT # _____

Name (as it appears on bill) _____

Address: _____

City / State: _____ **Zip:** _____ **Phone #** _____

I hereby authorize Claiborne Utilities District to draw transfers for payment of water & or gas service from the bank account shown below. Either party upon adequate notification may terminate this authorization.

Bank Name: _____

Bank Account # _____ **Bank ABA #:** _____

Please indicate if account is Checking _____ **Savings** _____

Signature: _____ **Date:** _____