

BANK DRAFT FORM

I authorize West Allen Parish Water District and the financial institution named below to initiate entries to my checking/savings accounts. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution 3 days before my account is charged. I can have the amount of an erroneous charge immediately credited to my account up to 15 days following issuance of my financial institution statement or 60 days after posting, whichever occurs first. I (we) understand that I (we) will be charged an additional fee in the event funds are not available at the time of collection.

Jeff Davis Bank & Trust Co.
P.O. Box 730
1611 Elton Rd, Jennings, La 70546

Date: _____ WAPWD Account#: _____ Location#: _____

Address: _____

Phone#: _____

YOUR BANK/ SAVINGS ACCOUNT INFORMATION:

BANK NAME: _____

NAME ON
ACCOUNT: _____

FINANCIAL INSTITUTION ROUTING NUMBER: _____

FINANCIAL INSTITUTION ACCOUNT NUMBER: _____

PRINTED NAME: _____

SIGNATURE: _____

ATTACH VOIDED CHECK TO COMPLETE PROCESS
*****OFFICE USE ONLY*****

Date Received _____ Date Entered Into System _____

Entered in System By _____