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 may account up to 15 days following issuance of my financial institution statement or 60 days after posting, whichever occurs first.

Jeff Davis Bank & Trust Co.
(Name of financial institution)

P.O. Box 730	**1611 Elton Rd.**	**Jennings**	**LA**	**70546**
(Address of financial institution)	(Street)	(City)	(State)	(Zip Code)

(Signature) **Account Number** **(DATE)**

(Name – **PLEASE PRINT**) **(PHONE NUMBER)**

Address – **PLEASE PRINT**

Checking Account No._____ (or) Savings Account No._____

Minimum Amount_____ Maximum amount_____

Financial Institution Routing Number_____
(Between these symbols l: l: on the bottom left of your check)

ATTACH VOIDED CHECK TO COMPLETE PROCESS

**********OFFICE USE ONLY**********

Date Received_____Date Entered Into System_____

Entered in System By_____