



City of Muskogee
Water Department

Automatic Draft Authorization Form

Name _____

Service Address _____

Water Account Number _____

Name of Banking Facility _____

Location of Banking Facility _____

Name(s) as Shown on this Account _____

Bank Account Number _____

Bank Routing Number _____

*******Please Attach A Voided Check*******

I authorize the City of Muskogee Water Department to begin making monthly deductions from my checking account for payment of my utility bill (water, sewer, and garbage collection), and for the financial institution named to pay each amount from the account indicated no earlier than 10 days after billing.

I understand that I may cancel this authorization at any time by notifying the Water Department. The City of Muskogee Water Department will have 30 days to change my billing.

I understand that the City of Muskogee reserves the right to terminate my participation in the Auto Draft Program at any time with written notice.

Signature of Applicant _____ Date _____

Signature of Co-Applicant (if Necessary) _____