

Jefferson Parish Electronic Fund Transfer
BANK DRAFT AUTHORIZATION FORM

PLEASE PRINT

Name As Shown On Bank Records _____

Checking Account No. _____

Name of Bank or Credit Union (and branch, if any) _____

Street Address of Bank _____

City or Town _____ State _____

Zip _____

I hereby authorize my Jefferson Parish Utility Bill to be paid by my bank.

Depositor's Signature _____ Address _____

Water Account Number _____ Date _____

Note: You must attach an unsigned, blank check.
Please write "void" in the signature area of your check.

Mail To: Jefferson Parish Water Department
P.O. Box 10007
Jefferson, La. 70181-0007