

**City of New Haven
P.O. Box 98
302 Center Street
New Haven, KY 40051
(502)549-3177**

BANK DRAFT AUTHORIZATION FORM

NAME: _____

ADDRESS: _____

PHONE #: _____

BANK ACCOUNT #: _____

WATER ACCOUNT #: _____

PLEASE LIST THE MONTH THAT YOU WOULD LIKE FOR US TO START AUTOMATICALLY
WITHDRAWING YOUR WATERBILL: _____

**WE WILL ALSO NEED A COPY OF A VOIDED CHECK IN ORDER FOR US TO START THIS
PROCESS.

SIGNATURE:

**ON THE TENTH OF THE MONTH, WE WILL BE DEDUCTING YOUR ACCOUNT. WE WILL
SEND YOU A COPY OF THE BILL SO THAT YOU WILL KNOW THE AMOUNT.

***ANY QUESTIONS OR COMMENTS FEEL FREE TO CALL CITY HALL AT 549-3177.