



This section is for use of JACABB Utilities

Bank Draft Processed: _____

Initials: _____

ACH Bank Draft Form
PLEASE ATTACH A VOIDED CHECK

Customer Information

Name of Account Holder: _____

Account ID: _____

Phone No.: _____

Email Address: _____

Financial Institution Information

Name on Bank Account: _____

Bank Name: _____

Bank Routing No.: _____

Bank Account No.: _____

I certify that the above information is correct, and that I am an authorized signer of the account provided for ACH transaction.

Until further **written notice**, I hereby authorize JACABB Utilities, LLC to automatically deduct my utility payments from this bank account via Electronic Fund Transfer.

I understand that I am responsible for paying any bills that have already been billed to my account.*

Any return drafts will be processed the same as a return check. JACABB Utilities, LLC reserves the right to cancel Electronic Fund Transfers due to insufficient funds without notice.

Date

Account Holder Signature

- Accounts balances on automatic draft will be processed on the 25th of each month. If the 25th should fall on a weekend or holiday the balance will be drafted on the following business day.
- ***PLEASE NOTE:** Your account must be current upon signing up for automatic draft. The first draft of your account is a Pre-Note draft which will verify the information you have provided. A Pre-Note draft WILL NOT process payments from your account.