



**BANK DRAFT AUTHORIZATION**  
**GLENPOOL UTILITY SERVICE AUTHORITY**

By signing this form you are authorizing the Glenpool Utility Service Authority to draft payment from your bank account each month. ***This form must be received 72 business hours before monthly draft is processed on the 10<sup>th</sup>.***

If payment is returned for insufficient funds; a charge of \$30.00 will be assessed to you and possible service interruption.

Customer Utility Account Number: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Customer Phone Number: \_\_\_\_\_ Work: \_\_\_\_\_

Customer Mailing Address: \_\_\_\_\_

Customer Service Address: \_\_\_\_\_

**THE INFORMATION BELOW IS REQUIRED FOR PROCESSING AND WILL BE KEPT CONFIDENTIAL.**

*Your bank information:*

Name of Bank: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Checking Account Number: \_\_\_\_\_

**PLEASE ATTACH A VOIDED CHECK**

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_