



**City Of Elephant Butte
Utilities Department
ACH Utility Payment Enrollment Form**

If you would like to have your account automatically drafted in the amount of your monthly utility bill please fill out the form below and submit a voided check.

Customer Account Information		
Last Name:	First Name:	
Co Name:		
Mailing Address:		
City	State	Zip
Phone Number:	Cell Number:	
Physical Address: (Property to be serviced):		
Meter Number: (Old Lakeshore Number for Water Bills)	CEB Account Number:	
Customer Financial Institution Information		
Name of Bank:		
City & State of Bank:		
Name on Account:	Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other	
Voided Check Submitted? : <input type="checkbox"/> Y <input type="checkbox"/> N	We will draft your account on the Due Date for your Total Due	
<u>*Please NOTE that the 15th (or the 1st business day after) is the due date.*</u>		

I _____ grant permission to The City of Elephant Butte to automatically draft my account on the day stated above, (or the first business day thereafter).

_____ If there are any changes to my account I will notify this office at least 15 business days prior to the regularly scheduled payment date (the date stated above).

_____ Yes, I would still like to receive a monthly bill for the above account.

_____ No, I would NOT like to receive a monthly bill for the above account.

Signature _____ Date _____