



**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.

<b>Customer Account Information</b>	
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: _____
<b>Customer Financial Institution Information</b>	
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	<b>We will draft your account on the Due Date for your Total Due</b>
<b><i>*Please NOTE that the 15<sup>th</sup> (or the 1<sup>st</sup> business day after) is the due date.*</i></b>	

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 \_\_\_\_\_