



**City of Elephant Butte
Utility 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	
CEB Account Number:	
Last Name:	First Name:
Co Name:	
Mailing Address:	
City	State Zip
Phone Number:	Cell Number:
Location Address (Property to be serviced)	
Customer Financial Instituting Information	
Name of Bank:	
City & State of Bank:	
Name on Account:	Type of Account: ___Checking___Savings___Other
Bank Account No.	Routing No.
Voided Check Submitted? : ___Yes ___No	We will draft your account on the Due Date for your total due.
* Please NOTE that the 15th (or the 1st business day after) is the due date.*	

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 _____