



**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.

We will draft your account on the 15th of the month for the total amount due.

Customer Account	
Last Name: _____ First Name: _____	
Business Name: _____	
Mailing Address: _____	
City _____	State _____ Zip _____
Phone Number: _____	Cell Number: _____
Physical Address: (Property to be serviced): _____ Utility Account Number _____	
Customer Financial Institution Information	
Name of Bank: _____	
City & State of Bank: _____	
Name on Bank Account: _____	
Bank Account Number _____	Bank Routing Number _____
Type of Account: Personal <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Type of Account: Business <input type="checkbox"/> Checking <input type="checkbox"/> Savings

I _____ grant permission to The City of Elephant Butte to automatically draft my account on the 15th day of each month, or if the 15th is on the weekend or a holiday it will be drafted the following business day.

_____ 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.

_____ 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 _____