RECEIVED BY: _____

DATE ENTERED: _____/_____/_____

CITY OF ELEPHANT BUTTE

P.O. BOX 1080 ELEPHANT BUTTE, NM 87935

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:	Alternate Phone 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 Routing Number	Bank Account Number	
Type of Account: **Personal** ☐ Checking ☐ Savings	Type of Account: **Business** ☐ Checking ☐ Savings	

I (print name) _____ , 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.

_____ By initialing, I agree that 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.

Initial only one:

_____ 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 _____