CITY OF GULFPORT WATER DEPARTMENT
DIRECT DEBIT AUTHORIZATION FORM

CUSTOMER NAME:_____

ADDRESS:_____

CUSTOMER NUMBER:_____

ACCOUNT NUMBER:_____

PHONE NUMBER:_____ ALT NUMBER:_____

UNTIL FURTHER NOTICE, I HEREBY AUTHORIZE THE CITY OF GULFPORT WATER DEPARTMENT TO CHARGE THE AMOUNT OF MY MONTHLY WATER BILL TO THE FILLOWING INSTITUTION TO DEBIT MY……

CHECKING/SAVINGS ACCOUNT NUMBER:_____

FINANCIAL INSTITUTION:_____

ROUTING NUMBER:_____

CUSTOMER SIGNATURE:_____

DATE:_____

******PLEASE ATTACH VOIDED CHECK HERE******

******DO NOT USE A DEPOSIT SLIP******

******FOR OFFICE USE ONLY******

RECEIVED BY:_____ DATE:_____