

**DUCKETT CREEK SANITARY DISTRICT
3550 HIGHWAY K, O FALLON, MO 63368
636-441-1244**

DATE RECEIVED _____ DATE ENTERED _____ ACCOUNT# _____
OFFICE USE ONLY OFFICE USE ONLY OFFICE USE ONLY

DRAFT AUTHORIZATION AGREEMENT

ALL INFORMATION IS STRICTLY CONFIDENTIAL

Instructions for draft originator:

Please accept this request as authorization to establish drafts for monthly utility payments

Customer Information:

Name _____

Address _____

City _____ State _____ Zip Code _____

Contact Telephone Number _____

Utility Account Number _____

Last 4 of Social Security Number _____ OR Valid Driver's License # _____

Email Address _____

Billing Preference (Please choose one option): Paper Copy _____ E-Bill _____ Paper Copy & E-Bill _____

*** I authorize Duckett Creek Sanitary District to process a draft amount against my Checking account listed below on the 10th of the billing month. If it is a weekend or Holiday, then it will be processed on the next business day.**

PLEASE INCLUDE A BLANK VOIDED CHECK WITH THIS FORM

Bank name _____

Bank Routing # _____ Account# _____

SIGNATURE _____ DATE _____

TO CHANGE OR DISCONTINUE CURRENT DRAFT INITIAL HERE _____

PLEASE RETURN THE COMPLETED FORM AND A VOIDED CHECK TO 3550 HIGHWAY K, O'FALLON, MO 63368.
FOR INQUIRIES PLEASE CALL OUR OFFICE AT 636-441-1244.

***** IT DOES TAKE APPROXIMATELY 4-6 WEEKS TO SET UP A DRAFT AUTHORIZATION IN THE SYSTEM*****