200 N Lafayette Street Starkville, MS 39759



Telephone: 662-323-3133 Fax: 662-323-3133

BANK DRAFT REQUEST

Please provide th	ne following information to enroll in autor	natic bank draft for your Starkville Utilities account:
Custom	er Name (please print)	Authorized Name (as shown on the account)
Starkvil	le Utilities Account Number	Customer's Telephone Number
Custon	ner's Email Address	
Please provide yo	our bank account details for automatic de	ductions:
Name o	of Bank	
Custom	er's Bank Routing Number	Customer's Bank Account Number
Authorized name (if different from	e as shown on the bank account: customer name)	
	•	re submitting this form through our website. This helps check to this form if you are submitting by mail or in person.
financial institution • I underst	on listed above on the monthly due date. and and agree that this authorization rem	tically deduct the balance owed on my utility bill from the nains in effect until I notify Starkville Utilities to cancel it. er setting up AutoPay, and future bills will be automatically
financial		e to insufficient funds in my account, it will be processed by my me manner as an insufficient fund check, and I will be charged
Signature:		Date:
for due dates, pa	st due amounts, payment confirmations,	receive alerts and reminders via text message and/or email and returned checks. You will typically receive notifications Standard message and data rates may apply.
Starkville Utiliti	es Personnel Only:	
Acct#	CSR	