

200 N Lafayette Street
Starkville, MS 39759



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

BANK DRAFT REQUEST

Customer Name (please print)

Authorized Name as shown on the account

Customer's Starkville Utilities Account Number

Customer's Telephone Number

Name of Bank

Address of Bank

Customer's Bank Account Number

Customer's Bank Routing Number

A voided check is required with request unless submitted via our website.

By signing below, you are hereby authorized to accept drafts drawn by Starkville Utilities on me in payment of electric and water bills and charge same to my account.

Signature: _____ **Date:** _____