

**-DESIGNATE HOW YOU WOULD LIKE TO RECEIVE YOUR UTILITY STATEMENTS-
SIGNUP FOR SENIOR CITIZEN DISCOUNTS & / OR AUTOMATIC BANK DRAFTS**

There is no charge to take advantage of these billing services. Just complete the form, check the boxes for the services you would like to add to your account, and return it to the water department. *It's that easy!*

Your Name (as on utility statement): _____ Account Number: _____

Service Address: _____ Date of Birth: _____

Email Address: _____

Contact Number: _____

Please check the boxes for each service that you would like to register for:

- Printed Bill Only -or- Email Bill Only -or- Printed and Email Bill (**CIRCLE ONLY ONE**)
- Senior Citizen Discount (Qualifying senior 65+ must be listed on account.)
 - Automatic Bank Drafts (Please fill out the additional section below.)

Signature (Must be authorized for the account listed above) _____ Date

Additional Information for Automatic Bank Drafts

Name of Your Financial Institution: _____

BANK ACCOUNT NUMBER TO CHARGE: _____ Checking / Savings

PLEASE READ BEFORE SIGNING!!!! Bank draft effective date: _____
(If immediately, note today's date on above line)

I authorize the City of Lake Jackson to begin deductions for my monthly utility bill with the financial institution named. I understand that I may discontinue bank drafts at any time by sending a written request to the City. Otherwise, the bank draft will remain in effect until revoked by my financial institution, the City, or myself. *If I have two insufficient bank drafts within a year, the City will terminate my enrollment in bank drafting.*

I understand that I will be responsible for the first bill that I receive after the City obtains my application. However, if my bank is currently set up in the bank drafting program, my automatic payment plan will be effective with my first bill. This bill will have a message at the bottom stating: **BANK DRAFT – DO NOT PAY. PAYMENT WILL BE DRAFTED ON THE DUE DATE!**

Signature (Must be authorized for the account listed above) _____ Date

**WRITE “VOID” ACROSS CHECK AND TAPE TO FORM
(Please Tape – DO NOT STAPLE)**