

**Jefferson Parish Electronic Fund Transfer**  
**BANK DRAFT AUTHORIZATION FORM**

**PLEASE PRINT**

Name As Shown On Bank Records \_\_\_\_\_

Checking Account No. \_\_\_\_\_

Name of Bank or Credit Union (and branch, if any) \_\_\_\_\_

Street Address of Bank \_\_\_\_\_

City or Town \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

**I hereby authorize my Jefferson Parish Utility Bill to be paid by my bank.**

Depositor's Signature \_\_\_\_\_ Address \_\_\_\_\_

Water Account Number \_\_\_\_\_ Date \_\_\_\_\_

**Note:      You must attach an unsigned, blank check.**  
**Please write "void" in the signature area of your check.**

**Mail To:    Jefferson Parish Water Department**  
**P.O. Box 10007**  
**Jefferson, La. 70181-0007**

**E-mail To: JPWater@JeffParish.net**