



## 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](mailto:JPWater@JeffParish.net)**