

**Sign and Mail this form with your VOIDED check to:**

Sewerage and Water Board  
Mail Resolving Department  
625 Saint Joseph St. Room 122  
New Orleans, LA 70165

## Sewerage and Water Board of New Orleans

### Bank Draft Authorization

Name of Financial Institution \_\_\_\_\_

Checking Account Number \_\_\_\_\_

Name as shown on Bank Account \_\_\_\_\_

Address of S&WB Service \_\_\_\_\_

Account Number from S&WB Bill \_\_\_\_\_

Name as shown on S&WB Bill \_\_\_\_\_

### Authorization Agreement

I hereby authorize the Sewerage & Water Board to automatically initiate debit entries to my account, at the financial institution named in this application, for payment of bills rendered to me by the Sewerage & Water Board. I further authorize the financial institution to accept these debit entries and charge them to my account. It will not be necessary for the Sewerage & Water Board or anyone employed by it to sign such drafts or checks. I understand that both the financial institution and the Sewerage & Water Board reserve the right to terminate my participation in this payment plan. I also understand that I may discontinue enrollment at any time with written notice to the Sewerage & Water Board, after allowing the Sewerage & Water Board and the bank a reasonable time to act upon my notification.

Total amount of bill, including City Service Charges, will be electronically transferred from my financial institution account each month. If I wish to temporarily cancel this transfer for just one month, I will call **52-WATER (529-2837)** up until two days before the date the draft is scheduled to be sent to the bank.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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