

ELECTRONIC WITHDRAWAL REQUEST – TOWN OF ST.FRANCISVILLE
GAS AND/OR WATER BILL

Upon receipt of this completed and signed form you will be authorizing the Town of St.Francisville to electronically withdraw your gas/water bill payment from either a checking or savings account. The amount due on your bill will be deducted on the billing due date indicated.

PLEASE PRINT

NAME: _____

SERVICE ADDRESS: _____

PHONE: _____

EMAIL: _____

UTILITY BILL ACCOUNT NUMBER: _____

MAXIMUM AMOUNT: _____

I authorize the Town of St.Francisville to deduct my gas/water bill payment(s) from the checking and/or savings account listed. I understand if at any time I decide to discontinue this payment service or change account information, I will notify Town of St.Francisville in writing. I fully understand funds must be available on the due date and that I am responsible for any fees associated with non-sufficient funds. All information will remain confidential. This form cannot be processed without your signature and date.

Signature _____

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking_____ or Savings_____

Mail or bring form to: Town of St.Francisville PO Box 400 St.Francisville, La 70775

If you have any questions, please call Town Hall at 225-635-3688.