

# CITY OF GULFPORT WATER DEPARTMENT AUTO DEBIT AUTHORIZATION FORM

**\*Draft date will be 15 after bill date\***

Customer Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Account Number: \_\_\_\_\_ Customer Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Home Number: \_\_\_\_\_

## Financial Information

Name: \_\_\_\_\_ Branch: \_\_\_\_\_

Address: \_\_\_\_\_

**Please remember to attach a copy of your bank routing number and account number for account number verification.**

Please circle, Checking/Savings Account: \_\_\_\_\_

**\*\*Please remember to attach a voided blank check for account number verification, do not use a deposit slip. \*\***

Bank drafting will begin with your next cycle bill after we receive your authorization form or next cycle bill once you sign up, please note existing charges will not draft.

I/We authorize the City of Gulfport to initiate monthly debits to my/our bank account at the financial institution named above.

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

For faxed or emailed applications only:

Witness \_\_\_\_\_ Date \_\_\_\_\_

Completed form and voided blank check may be faxed 228-868-5722 or mailed to City of Gulfport, Attn: Utility Billing-1422 23<sup>rd</sup>. Ave., Gulfport, MS 39501. If you would like to email the documentation, please contact our office at [utilitybilling@gulfport-ms.gov](mailto:utilitybilling@gulfport-ms.gov)

\*\*\*\*PLEASE ATTACH VOIDED CHECK HERE\*\*\*\*

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\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_