

Date: [Click here to enter a date.](#)

IF YOU ARE INTERESTED IN LEVELIZED BILLING, PLEASE CONTACT CUSTOMER SERVICE AT (662)328-7192.

Bank: [Click here to enter text.](#)

City: [Click here to enter text.](#)

Bank Account Number: [Click here to enter text.](#)

Select One:  **CHECKING OR**  **SAVINGS**

YOU ARE HEREBY AUTHORIZED TO HONOR AND CHARGE TO MY ACCOUNT EACH MONTH A DRAFT DRAWN BY CITY OF COLUMBUS LIGHT AND WATER DEPARTMENT, WHICH WILL BE IN PAYMENT OF MY ELECTRIC AND WATER ACCOUNT(S).

Name (Print): [Click here to enter text.](#)

Signature: \_\_\_\_\_

Address: [Click here to enter text.](#)

Light & Water Account Number: [Click here to enter text.](#)

**\*\*FAX COMPLETED FORM TO 662-243-7407\*\***