



City of Jamestown

BANK DRAFT REQUEST FORM

Name, as it appears on water bill _____

Service Address _____

City _____ State _____ Zip _____

Daytime contact # _____ Cell # _____

Jamestown Utilities Account # _____

Please deduct my payment from my **Checking Account (attach voided check)**

I hereby authorize Jamestown Utilities to debit my account in payment of water/sewer/sanitation service at the account shown above. Payment will be drafted on the **SECOND WEDNESDAY** of **EACH** month.

Signature _____ Date _____

Complete this form and attach a voided check. You may send it with your payment or mail it separately to: Jamestown Utilities

P.O. Box 587
Jamestown, KY 42629