

PUBLIC WORKS DEPARTMENT 1000 Municipal Drive, Brandon, MS 39042 Phone: 601-824-4579

Fax: 601-824-4582 www.brandonms.org

BANK DRAFT INFORMATION FORM

Please choose one of the follow	wing:	
Start New Bank Draft Stop Current Bank Draft In		ew Bank Account
Name:	Service Address:	
Phone:	Email:	
City of Brandon Utility Account No	umber:	_
	Start New Bank Draft Information	<u>on</u>
Name of Bank:		
Bank Account #:	Bank Routing #:	
Requested Date to be Effective: _	***Please provide a	voided check or copy of check
	Stop Current Bank Draft Informa	ation_
Name of Bank:		
Requested Date to be Effective: _		
bill. Bank draft payments are drafter holiday or a weekend, then bank dra the 1st of the month in which draft is	y of Brandon to draw bank drafts on my account d on the 20 th of each month, unless noted other afts will be processed the next business day. Ne s requested to begin in order for this action to ta a request to stop bank draft on my account mus is action to take place.	rwise on the bill; if the 20 th falls on a lew Bank Draft forms must be received by ake place.
Account Holder Signature	Date	
	Office Use Only	
Date Received:	Date Entered in System:	Clerk: