



EL DORADO

THE FINE ART OF LIVING WELL

The undersigned authorizes and directs the below bank to pay the City of El Dorado, water department utility bill.

Account Number: ___ - _____ - ___

Service Location: _____

Bank Name: _____

Bank Routing Number: _____

Checking Account Number: _____

Would like to discontinue paper bills: _____

If you would like your bill emailed to you, please provide your email address:

Signature: _____ Date: __ __/ __ __/ __ __

Phone Number: __ __ __ - __ __ __ - __ __ __ __