



Bank Draft Authorization Form

Please fill out entire form and return with a voided check

Date: _____
Bank Name _____
City and State _____
Bank Account Number _____
Bank Routing Number _____

Check One: Checking Account Saving Account

You are hereby authorized to honor and charge to my account each month an electronic draft drawn by Columbus Light & Water Department, which will be in payment of my electric and/or water account(s).

Name (print): _____
Authorized Signature: _____
Service Address: _____
CLW Customer Number _____
CLW Customer Location _____
Daytime Phone Number _____

You can bring the completed form and a voided check to:
Columbus Light and Water – 420 4th Avenue South – Columbus, MS 39701

Or mail the completed form with a voided check to:
Columbus Light and Water – ATTN: Customer Service – PO Box 949 – Columbus, MS 39703