CITY OF HEADLAND
9 PARK STREET
HEADLAND, AL 36345

BANK DRAFT FORM

I _____ would like to authorize The City of Headland to debit checking account _____ for my monthly water bill.

Name of Bank: _____

Address of Bank: _____

_____

Phone Number of Bank: _____

Please enclose a VOID check.

_____
Signature

_____
Date