



Bank Draft Authorization Form

Completed form along with voided check may be submitted via email to csr@scottsborrowsg.com.
For more information, please email customer service at csr@scottsborrowsg.com or call the office at **256-574-1515**.

WSG Account Name: _____

Phone Number: _____

WSG Account Number(s): _____

WSG Service Address: _____

Name(s) Bank Account: _____

Bank Account Number: _____

Name of Bank: _____

I hereby authorize Scottsboro Water, Sewer and Gas Board **to issue an Electronic Bank Draft** per the above information each month for all services/fees billed at this address/location. By signing this form, I understand that seasonal utilities will be automatically put back on bank draft.

First Draft Will Occur On: _____

Customer Signature: _____

Date: _____

Worked to computer _____

Verified information _____

Bank Draft Removal

I hereby request Scottsboro Water, Sewer and Gas Board to **CANCEL** the above **Electronic Bank Draft**. I understand payment for future bills will need to be submitted by cash, check, or card to WSG by the due date to avoid additional fees and/or disruption of services.

Last Draft Will Occur On: _____

Customer Signature: _____

Date: _____

Worked to computer _____

Verified information _____