

**MAYOR**  
JAMES E. DURBIN

**CITY CLERK**  
JOAN LEBLANC



**TREASURER**  
CLARENCE SPEED

**UTILITY SUPERVISOR**  
BOBBI COUVILLION

## City of Denham Springs

941 Government Drive  
Denham Springs, LA 70726  
Phone 225 667-8312  
Fax 225 667-1581

P.O. Box 1629  
Denham Springs, LA 70727-1629  
Email [utilities@cityofdenhamsprings.com](mailto:utilities@cityofdenhamsprings.com)

### CITY OF DENHAM SPRINGS BANK DRAFT AUTHORIZATION For Payment of Utility Bills

I authorize the CITY OF DENHAM SPRINGS, hereafter referred to as "City," to draw drafts against my bank account in payment of my utility bills. This authorization will remain in effect until City has received written notification of termination from me in such time as to afford City reasonable opportunity to act on the termination.

**FROM YOUR UTILITY BILL:**

**FROM YOUR CHECK:**

\_\_\_\_\_  
Account Number from your Utility Bill

\_\_\_\_\_  
Bank Name

\_\_\_\_\_  
Name Listed on your Utility Bill

\_\_\_\_\_  
Bank Account Number (from check)

\_\_\_\_\_  
Your Name as Shown on Bank Account

\_\_\_\_\_  
Complete Mailing Address

\_\_\_\_\_  
City State Zip

(\_\_\_\_) \_\_\_\_\_  
Phone

(\_\_\_\_) \_\_\_\_\_  
Phone

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**\*\*\* PLEASE ATTACH A VOIDED CHECK TO ASSURE ACCURACY IN PROCESSING \*\*\***