



# Utility Billing Draft Authorization

City of Roswell  
415 N. Richardson  
P.O. Box 1838, Roswell, NM 88202-1838

## Your City of Roswell Utility Account Information

Name as it appears on your water account (please print)

\_\_\_\_\_

Water Account Number \_\_\_\_\_

## Your Financial Institution Information

Name of Financial Institution \_\_\_\_\_

Financial Institution Address \_\_\_\_\_

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

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

I authorize the City of Roswell Water Department to initiate a variable monthly debit entry to my financial account for charges due each month. This authority shall remain in force until cancelled by me. I confirm that information provided is accurate. City of Roswell will not be held liable for returned payments.

Signature of water account holder \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_

**Submit this form and a voided check to:** City of Roswell Water Billing Department  
P.O. Box 1838  
Roswell, NM 88202-1838  
or email: [roswatercs@roswell-nm.gov](mailto:roswatercs@roswell-nm.gov)