

SMACKOVER MUNICIPAL WATER WORKS

P.O. BOX 146 - SMACKOVER AR 71762

ACH BANK DRAFT PAYMENTS SIGN-UP FORM

CUSTOMER INFORMATION

NAME: _____

WATER ACCOUNT NO: _____

PHONE NO: _____

FINANCIAL INSTITUTION INFORMATION

BANK NAME: _____

BANK ROUTING/TRANSIT NO: _____

NAME ON ACCOUNT: _____

ACCOUNT NO: _____

ACCOUNT TYPE (CIRCLE ONE) CHECKING / SAVINGS

DRAFT DAY WILL BE THE 7TH OF EACH MONTH

I CERTIFY THAT THE INFORMATION ABOVE IS CORRECT, THAT I AM AN AUTHORIZED SIGNER OR DESIGNATE OF THE ACCOUNT PROVIDED FOR ACH TRANSACTIONS, AND THAT I AM AUTHORIZED TO PROVIDE THIS INFORMATION.

I AUTHORIZE SMACKOVER MUNICIPAL WATERWORKS TO DEDUCT MY UTILITY PAYMENTS FROM THIS BANK ACCOUNT VIA ELECTRONIC FUND TRANSFER. I UNDERSTAND SENDING A WRITTEN NOTIFICATION TO SMACKOVER MUNICIPAL WATERWORKS WILL REVOKE THIS AUTHORIZATION.

SMACKOVER MUNICIPAL WATERWORKS RESERVES THE RIGHT TO CANCEL ELECTRONIC FUND TRANSFERS DUE TO INSUFFICIENT FUNDS WITHOUT NOTICE. IF YOU HAVE INSUFFICIENT FUNDS YOU WILL BE CHARGED A \$25 FEE AND WILL BE REQUIRED TO PAY YOUR WATER BILL FOR THAT MONTH.

PRINT AUTHORIZED NAME

AUTHORIZED SIGNATURE

DATE:

OFFICE USE ONLY: DATE ENTERED INTO COMPUTER _____

COPY TO BANK _____