

Ward Water and Sewer System

Auto Draft Authorization

Name: _____
(AS IT APPEARS ON YOUR WATER BILL)

Home Phone: _____ Business or Cell Phone: _____

Address: _____

City: _____

State: _____ Zip: _____

Ward Water Account Number(s) to be paid by draft:

_____/_____/_____/_____

Staple Customer's Voided Check here:

My Name _____
My Address _____
My City, State, Zip _____ Date _____

Pay to the order of _____ \$ _____
_____ Dollars

Bank Name _____
Bank Address _____

101

VOID

471659165 225466946413 101

Routing Number Account Number Check Number

Name of Financial Institution: _____

I authorize the financial institution named above to pay my monthly Ward Water and Sewer System bill and to deduct each payment from my checking/savings account. This authority is to remain in effect until revoked by me in writing. I agree that each payment shall be the same as a check signed by me. I have the right to stop payment of charge by timely notification to my financial institution and Ward Water and Sewer System reserves the right to terminate this draft service (or my participation therein). I understand that I must give the office a three (3) day notice if I need to change or cancel my draft information.

Signature

Date

Please include this form with your voided personal check. Mail to PO Box 334, Ward, AR 72176.

FOR OFFICE USE ONLY:

Date Entered: _____ Initial: _____