

TUMBLING SHOALS WATER SYSTEM
P. O. BOX 73
TUMBLING SHOALS, AR 72581
PHONE (501) 362-8510
FAX (501) 362-7494

AUTHORIZATION FORM FOR BANK DRAFT

NAME AS IT APPEARS ON WATER BILL _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

ACCOUNT NUMBER(S) TO BE PAID BY BANK DRAFT _____

BANK NAME _____

BANK TRANSIT NUMBER _____

BANK ACCOUNT NUMBER _____

I AUTHORIZE MY BANK OR SAVINGS & LOAN NAMED TO PAY MY MONTHLY WATER BILL AND DEDUCT EACH PAYMENT FROM MY CHECKING OR 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 PERSONALLY SIGNED BY ME. I HAVE THE RIGHT TO STOP PAYMENT OF A CHARGE BY TIMELY NOTIFICATION TO MY BANK OR SAVINGS & LOAN AND THE TUMBLING SHOALS WATER SYSTEM RESERVES THE RIGHT TO TERMINATE THIS DRAFT SERVICE FOR MY PARTICIPATION THEREIN.

ALL BANK DRAFTS ARE RUN ON THE 10TH OF EACH MONTH. IF YOU EVER WISH TO DROP OR STOP A BANK DRAFT WE MUST KNOW BY THE 6TH OF EVERY MONTH.

SIGNATURE _____ DATE _____

PLEASE ENCLOSE A VOIDED CHECK WITH THIS FORM AND RETURN IT TO THE ABOVE ADDRESS.