

Heber Springs Water and Sewer Utility

Authorization Agreement for Preauthorized Payments

CUSTOMER NAME(S) _____
(PLEASE PRINT)

HS WATER ACCOUNT NUMBER _____

I (we) hereby authorize the Heber Springs Water & Sewer Department , hereinafter called Utility, to initiate debit entries to my (our) Checking account indicated below and the BANK named below to debit the same to such account. I understand that the draft will go through my bank the first business day after the 3rd of the month.

(Please return with a copy of a voided check)

BANK NAME _____

CITY _____ STATE _____ ZIP _____

ROUTING / ABA NUMBER _____

ACCOUNT NUMBER _____

This authority is to remain in full force and effect until Utility has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Utility a reasonable opportunity to act on it.

DATE _____ CUSTOMER PHONE NUMBER _____

SIGNED

PRINTED

EMAIL ADDRESS

For Office Use Only		
<input type="checkbox"/> New Date Entered:	<input type="checkbox"/> Change Date Entered:	<input type="checkbox"/> Cancel Date Entered: