## SMACKOVER MUNICIPAL WATER WORKS

P.O. BOX 146 - SMACKOVER AR 71762

## **ACH BANK DRAFT PAYMENTS SIGN-UP FORM**

CUSTOWER 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 / SAVING	<u>as</u>
DRAFT DAY WILL BE THE 7 <sup>TH</sup> OF EACH MO	<u>NTH</u>
I CERTIFY THAT THE INFORMATION ABOVE IS CORRECT, THAT I AM ACCOUNT PROVIDED FOR ACH TRANSACTIONS, AND THAT I AM AU	
I AUTHORIZE SMACKOVER MUNICIPAL WATERWORKS TO DEDUCT I ACCOUNT VIA ELECTRONIC FUND TRANSFER. I UNDERSTAND SENDI 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