Sardis Water Association

23820 N. Sardis Rd., Mabelvale, AR 72103

Office 501-602-5393/Fax 501-602-2674

**Bank Draft Authorization Form**

**CUSTOMER INFORMATION**

ACCOUNT NO. \_\_\_\_\_\_\_\_

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_

HOME PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_CELL PHONE: \_\_\_\_\_\_\_\_\_\_\_

**FINANCIAL INSTITUTION INFORMATION**

BANK NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BANK ROUTING/TRANSIT NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHECKING ACCOUNT NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I authorize the Bank or Savings and Loan named above to pay my monthly Sardis Water bill and to deduct each payment from my checking/savings account. This agreement is to remain in effect until revoked by me in writing. Sardis Water also reserves the right to terminate this draft service at any time thereof. Our office will process the draft on the 15th of each month.

PRINT AUTHORIZED NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE MAIL BACK TO SARDIS WATER WITH AN ENCLOSED VOIDED PERSONAL CHECK.**