

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.