

Ward Water and Sewer System
Auto Draft Authorization

Name: _____
(as it appears on your water bill)

Home Phone: _____ Business or Cell Phone: _____

Address: _____
City State Zip

Account(s) that you would like to be paid by auto draft:

Name of Financial Institution: _____

City State Zip

BANK ADDRESS REQUIRED

Name on Bank Account: _____
(as it appears on your bank statement)

Checking or Savings Account Number: _____

Bank Routing Number: _____

I authorize the financial institution named above to pay my monthly Ward Water and Sewer System bill and to deduct each payment from my checking/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 signed by me. I have the right to stop payment of charge by timely notification to my financial institution and Ward Water and Sewer System reserves the right to terminate this draft service (or my participation therein).

Signature

Date

****Please include this form with a voided personal check ****

Mail to: PO Box 334 Ward AR 72176