



ELM SPRINGS SEWER

289 Jayroe Ave. P.O. Box 66 Elm Springs, AR 72728 – 479.248.1981

www.elmsprings.net --- massingill@elmsprings.net

Name: _____ Account # _____

Address: _____ Phone # _____

I hereby authorize City of Elm Springs Sewer, hereinafter called "Company", to initiate credit and/or debit entries to my Checking and/or Savings account indicated below and the depository named below, hereinafter called "Depository", to credit and/or debit the same to such account. All ACH transactions originated will comply with the laws of the United States. If any withdrawal or payment is dishonored, intentionally or inadvertently, The City of Elm Springs shall be under no liability with respect thereto and will be an additional charge of \$25 for rejected payment fee.

ACCOUNT INFORMATION

BANK NAME: _____

ROUTING # _____

ACCOUNT # _____

ACCOUNT TYPE: CHECKING _____ SAVINGS _____

This authority is to remain in full force and effect until the Company has received written notification from me of its termination in such time and in such manner as to afford the Company and Depository a reasonable opportunity to act on it.

NAME: _____

(PLEASE PRINT)

SIGNATURE: _____ DATE: _____

***PLEASE ATTACH VOIDED CHECK TO THIS FORM**