

AUTOPAY AUTHORIZATION FORM

Check one:

- New enrollment. Complete, sign and return this form with a voided check.*
- Cancel enrollment. Sign and return this form.*

Account # _____

SECTION A – APPLICANT INFORMATION			
Last Name (as it appears on account)	First Name	Middle Initial	
If joint account, list other names			
Current Street Address	City/State	Zip	Home Phone
SECTION B – BANK ACCOUNT INFORMATION			
Bank Name		Routing Number	
Account Number	Check one: <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account		

I hereby authorize and request Benton County Water Authority #5 and the financial institution listed above to debit the indicated bank account in the amount due on the 24th day of each month.

I understand that I may terminate this agreement by giving notice to the company. I may do this at any time in writing, but must allow a reasonable amount of time after receipt for the company to act upon it. I also understand that additional service charges may apply if payment is returned due to insufficient funds.

APPLICANTS SIGNATURE

DATE

X _____

Mail this form and voided check to:

Benton County Water Authority, #5
P.O. Box 591
Lowell, AR 72745-0591

Or email to: billing@bcwa5.com