

BEEBE WATER AND SEWER SYSTEM CUSTOMER DRAFT AUTHORIZATION FORM

(PLEASE PRINT)

Draft date: 10th of each month _____
20th of each month _____

Last Name: _____ First Name: _____ Date: _____

Mailing Address: _____ Service Address: _____

Signature: _____ Home Phone: _____ Business Phone: _____

Water Bill Account Numbers To Be Paid By Draft: _____

Name of Financial Institution: _____ Bank Routing Number: _____

Address of Financial Institution: _____

Checking Account Number: _____ or Savings Account Number: _____

PLEASE ATTACH VOIDED CHECK TO THIS FORM

I authorize Beebe Water and Sewer System and First Security Bank to initiate debit/credit entries to my checking/ savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford First Security Bank a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution in writing 3 days before my account is charged. I can have the amount of an erroneous charge immediately credited to my account up to 15 days following issuance of my financial institution statement or 60 days after posting, whichever occurs first.

FINANCIAL INSTITUTION USE ONLY:

Effective date of begin payment: _____ Amount of payment: _____ Account Number: _____

Frequency of payment: _____ Number of payments: _____