## SPRINGDALE WATER UTILITIES ACH BANK DRAFT AUTHORIZATION AGREEMENT

I (We) hereby authorize Springdale Water Utilities (SWU), to initiate variable amount debit entries to my (our) bank account for services such as water, sewer, solid waste or garbage pickup. This authority is to remain in full force and effect until this water service is terminated or until SWU has received written notification from me (or either of us) of its termination in such time and in such manner as to afford SWU and the financial banking institution a reasonable opportunity to respond accordingly. Continue to pay your bill until you receive one that says 'DO NOT PAY – will be drafted.'

We require a 15 day notice, prior to your due date, to change bank account information. We require a 3 business day notice, prior to your due date, to stop a bank draft.

Water Account Numb		Telephone Number			
Name on Water Accou	ınt (pleas	se print)			
Service Street Address					
City				Zip code	
Name of Financial Inst	itution _				
Financial Institution Ro	outing Nu	umber		<u>.</u>	
Checking S	avings	Account Number			
		ATTACH A COPY OF A VOIDED CHECK			
Authorized Account Holder Signature				Date	
Please return the com	pleted fo	orm with a voided che	ck		
In Person to:					
Springdale Wa	ater Utilit	ies			
526 Oak Ave					
Springdale, AF	R				
By Mail to:					
Springdale Wa	ater Utilit	ies			
PO Box 769					
Springdale AR					
ATTN: Bank D	raft				
By Fax to:					
Fax number -	(479) 750	)-4039			
By Email to:					
<u>bankdraft@spri</u>	ngdalew	ater.com			

CONTINUE TO MAKE YOUR PAYMENT IN YOUR USUAL MANNER UNTIL YOU RECEIVE A BILL WITH A NOTATION THAT SAYS <u>DO NOT PAY – WILL BE DRAFTED</u> FROM YOUR ACCOUNT.