

Sparkman Water Works

P.O. Box 165 * Sparkman, AR 71763
Ph. 870-678-2255 * Fax 870-678-2208

Automatic Bank Draft Authorization Form

Complete and return this form along with a VOIDED CHECK, either by mail or in person, to the address above in you would like to have your water bill paid by auto-draft.

Customer Acct #: _____

Customer Name: _____

Bank Name: _____

Bank Address: _____

Bank City/State/Zip: _____

Bank Routing #: _____

Checking Acct #: _____

PLEASE ATTACH A VOIDED CHECK WITH THIS FORM

Date to begin draft: _____

I hereby authorize the use of this information above to withdraw from my bank account my monthly water bill on the 10th of every month. I also understand that my draft cannot begin until this form is received with a VOIDED CHECK

Customer Signature: _____

Date: _____

Phone number _____