

NORTH GARLAND COUNTY REGIONAL WATER DISTRICT

"A COMMUNITY SERVICE ORGANIZATION"
P.O. BOX 8700
Hot Springs, AR 71910
PHONE (501) 620-4118 FAX (501) 318-0304

AUTHORIZATION AGREEMENT FOR AUTOMATIC BANK DRAFT

I hereby authorize North Garland County Regional Water District, to initiate Automated Clearing House (ACH) transactions on my:

_____ CHECKING ACCOUNT _____ SAVINGS ACCOUNT

Indicated below and the depository named below, hereinafter called DEPOSITORY, to debit/credit the ACH entries to such account.

Depository (BANK) Name _____

Routing Number _____ (9 digit number)

Account Number _____

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

Printed Name _____

Signature _____ Date ____/____/____

SERVICE ADDRESS: _____

*****Please attach a voided or blank CHECK from your financial institution. *****

PLACE VOIDED CHECK HERE

*****PAYMENT will be drafted on the DUE DATE unless the due date falls on a Saturday, if it falls on a Saturday the PAYMENT will be drafted the previous Friday. If the DUE DATE falls on a Sunday, the PAYMENT will be drafted the following Monday.*****

OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

NGCRWD ACCT# _____ - _____ - _____
START DATE ____/____/____
STOP DATE ____/____/____