

Austin Water Works
Auto Draft Authorization



Name: _____
(as it appears on your water bill)

Home Phone: _____ Business or Cell Phone: _____

Address: _____
City State Zip

Account(s) that you would like to be paid by auto draft:

Name of Financial Institution: _____ Phone # _____

Bank Address _____

City State Zip

BANK ADDRESS REQUIRED

Name on Bank Account: _____
(as it appears on your bank statement)

Checking____ Savings____ Account Number: _____

Bank Routing Number: _____

I authorize the financial institution named above to pay my monthly Austin Water Works bill and to deduct each payment from my checking/savings account. This authority is to remain in effect until revoked by me in writing. I agree that each payment shall be the same as a check signed by me. I have the right to stop payment of charge by timely notification to my financial institution and Austin Water Works reserves the right to terminate this draft service (or my participation therein). I understand that I must give the office a three (3) day notice if I need to change or cancel my draft information.

Signature

Date

****Please include this form with a voided personal check ****

Mail to: PO Box 129 Austin AR 72007