

ACCOUNT #(s): _____

**CITY OF EUREKA SPRINGS
WATER DEPARTMENT
AGREEMENT FOR PREAUTHORIZED PAYMENTS**

THIS FORM MUST BE COMPLETELY FILLED OUT BEFORE BANK DRAFT WILL BE SET UP.

Name: _____

Service Address: _____

Mailing Address (if different): _____

Phone: _____

I hereby authorize the City of Eureka Springs to initiate debit entries to the checking account indicated below and the depository named below, to debit the same to such account.

Name of Your Financial Institution (bank, credit union, S&L): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Transit/ABA Number: _____

Checking Account Number: _____

This authority is to remain in full force and effect until the City of Eureka Springs and depository have received written notification from me of its termination in such time and in such manner as to afford the City and depository a reasonable opportunity to act on it.

Date: _____

Signature: _____

NOTE: The first month will not pull from your bank account and must be paid directly by the customer. When your bill reads: DRAFT PAID ON 14th, payment will then be drawn from your account.