City of Cave Springs
Arkansas

AUTHORIZATION FOR AUTOMATIC DRAFT (ACH)

CUSTOMER NAME:_____ DATE:_____

UTILITY ACCOUNT #:_____

SERVICE ADDRESS:_____

CITY:_____ STATE:_____ ZIP:_____

BANK NAME:_____

TRANSIT/ROUTING/ABA NUMBER:_____

ACCOUNT NUMBER:_____

I (WE), HEREBY GIVE CONSENT AND AUTHORIZATION TO THE CITY OF CAVE SPRINGS WATER DEPARTMENT TO INITIATE CREDIT AND/OR DEBIT TRANSACTIONS TO MY CHECKING/SAVINGS ACCOUNT AS INDICATED ABOVE. I (WE), GIVE CONSENT FOR THE DEPOSITORY (BANK NAME) LISTED ABOVE TO CREDIT AND/OR DEBIT THE SAME TO SUCH ACCOUNT. ALL ACH TRANSACTIONS ORGINATED WILL HEREBY COMLY WITHIN THE LAWS OF THE UNITED STATES GOVERNMENT.

THIS AUTHORITY IS TO REMAIN IN FULL EFFECT UNTIL NOTIFICATION FROM ABOVE CUSTOMER OF THE TERMINATION OF THIS AGREEMENT, AT SUCH TIME AND IN SUCH MANNER, AS TO AFFORD BOTH THE CUSTOMER AND THE CITY OF CAVE SPRINGS A REASONABLE OPPORTUNITY TO ACT UPON THIS REQUEST.

SIGNATURE: _____

AUTHORIZED ON THIS DATE:_____

PLEASE ATTATCH A VOIDED CHECK TO THIS FORM AND A COPY OF YOUR DRIVER'S LICENSE UPON SUBMITION TO THE CAVE SPRINGS WATER DEPARTMENT. THIS FORM WILL NOT BE ACCEPTED WITHOUT BOTH OF THESE ITEMS INCLUDED.