

BILL PAYMENT AUTHORIZATION FOR AUTOMATIC

RETURN THIS FORM TO: CONCORD WATERWORKS FACILITIES BOARD
PO BOX 622
5825 ALMA HWY
VAN BUREN, AR 72957

NAME _____
(AS IT APPEARS ON THE BILL. PLEASE PRINT)

ADDRESS _____

CITY _____ STATE _____ ZIP _____

UTILITY ACCOUNT NUMBER _____

FINANCIAL INSTITUTION _____

CITY _____

CIRCLE ONE: CHECKING ACCOUNT SAVINGS ACCOUNT

ACCOUNT NUMBER _____

**IMPORTANT: PLEASE RETURN A VOIDED CHECK WITH FORM TO ENSURE
PROPER PROCESSING.**

TAPE VOIDED CHECK HERE

I authorize the representative for the Concord Waterworks Facilities Board to draft my checking/savings account monthly in the amount of my monthly bill and to make that deduction to the Concord Waterworks Facilities Board. In making this authorization, I agree to all Term and Conditions of Authorization.

DATE: _____ SIGNATURE: _____