

City of Tontitown Water  
PO Box 127  
Tontitown AR 72770  
479-361-2700 email: [billing@tontitownar.gov](mailto:billing@tontitownar.gov)



***Bank Draft Request Form***  
***Authorization Agreement for Preauthorized payments:***

Customer Name (s): \_\_\_\_\_

Service Address: \_\_\_\_\_

Water Sewer Acct Nbr: \_\_\_\_\_

I (we) hereby authorize **CITY OF TONTITOWN**, hereinafter called COMPANY, to initiate debit entries to my (our) Checking account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

BANK NAME \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

ROUTING NO. \_\_\_\_\_

ACCOUNT NO. \_\_\_\_\_

This authority is to remain in full force and effect until COMPANY and DEPOSITORY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

CUSTOMER NAME (S) \_\_\_\_\_

(PLEASE PRINT)

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_