

City of Tontitown Water
PO Box 127
Tontitown AR 72770
479-361-2700 email: 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 _____

