

SPWA ACCOUNT # _____

DATE: _____

AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWALS

I hereby authorize **Southside Public Water Authority**, hereinafter called, Company, to withdraw from my (our) account indicated below the amount of my monthly water utility bill. I also authorize the Financial Institution name below, hereinafter called Bank, to charge my (our) checking account the amount of my water utility bill payable to Southside Public Water Authority, at Batesville, Arkansas.

This authority is to remain in full force and effect until Company or Bank 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 Bank a reasonable opportunity to act on it. **The Company must keep the original or microfilm equivalent for two years after termination or revocation of authorization.**

FINANCIAL INSTITUTION _____

CITY _____ STATE _____ ZIP _____

BANK ACCOUNT # _____ ROUTING # _____

NAME(S) _____ SSN _____

NAME(S) _____ SSN _____

SIGNED _____ DATE _____

ATTACH VOIDED CHECK

I, _____, would like to cancel automatic withdraw from my account _____
Effective on _____.

SIGNATURE _____ DATE _____