

**AUTHORIZATION FOR  
AUTOMATED BILL PAYMENT**

**BOONEVILLE WATER DEPARTMENT**

RETURN THIS FORM TO BOONEVILLE WATER DEPARTMENT WITH YOUR  
CURRENT WATER BILL PAYMENT. FOR ADDITIONAL INFORMATION CALL  
479-675-2015.

NAME \_\_\_\_\_  
(AS IT APPEARS ON YOUR BILL - PLEASE PRINT)

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

CUSTOMER ACCOUNT NUMBER \_\_\_\_\_  
(AS SHOWN ON YOUR BILL)

FINANCIAL INSTITUTION \_\_\_\_\_

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

CHECKING ACCOUNT NUMBER \_\_\_\_\_

**IMPORTANT** -- PLEASE RETURN A VOIDED CHECK WITH THIS FORM TO  
ENSURE ACCURATE PROCESSING.

I authorize you to charge my checking account monthly in the amount of my monthly  
water bill and to make that deduction payable to Booneville Water Department. In  
making this authorization, I agree to the Terms and Conditions of authorization.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
(NAME OF AUTHORIZED ON CHECKING ACCT.)

RETAIN FOR YOUR RECORDS  
FOR YOUR RECORDS:  
ON \_\_\_\_\_

I AUTHORIZE \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_  
(NAME OF FINANCIAL INSTITUTION)  
TO PAY AND TO CHARGE MY ACCOUNT THE AMOUNT OF ANY INSTRUMENT  
DRAWN ON MY ACCOUNT BY AND PAYABLE TO THE ORDER OF:  
BOONEVILLE WATER DEPT.  
232 NORTH KENNEDY  
BOONEVILLE, AR 72927

**WE DRAFT THE 1<sup>ST</sup> WORKING DAY AFTER THE 3<sup>RD</sup> OF EACH MONTH.**