

WESTERN GREENE COUNTY REGIONAL WATER

P O BOX 44 WALCOTT, AR 72474

870-573-6969

ACH BANK DRAFT SIGN UP FORM

**Customer Information:**

Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone No: \_\_\_\_\_ Cell \_\_\_\_\_

**Financial Institution Information:**

Bank Name: \_\_\_\_\_

Bank Routing/Transit No: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Account Type (circle one)    CHECKING / SAVINGS

Account No: \_\_\_\_\_

I certify that the information above is correct, that I am an authorized Signer or designate of the account provided for ACH transactions, and that I am authorized to provide this information.

I authorize WESTERN GREENE COUNTY REGIONAL WATER to deduct my utility payments from this bank account via Electronic Fund Transfer. I understand sending a written notification to WESTERN GREENE CO REGIONAL WATER DISTRICT will revoke this authorization.

Western Greene CO REGIONAL WATER DISTRICT reserves the right to cancel Electronic Fund Transfers due to insufficient funds without notice.

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Print Authorized Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

**Submit Bank Draft form and a VOIDED check to the address above**