

**Ward Water and Sewer System**  
Auto Draft Authorization

Name: \_\_\_\_\_  
(AS IT APPEARS ON YOUR WATER BILL)

Home Phone: \_\_\_\_\_ Business or Cell Phone: \_\_\_\_\_

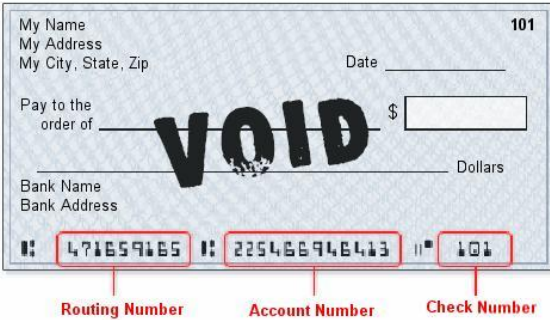
Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Ward Water Account Number(s) to be paid by draft:  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Staple Customer's Voided Check here:



Name of Financial Institution: \_\_\_\_\_

I authorize the financial institution named above to pay my monthly Ward Water and Sewer System bill and to deduct each payment from my checking/savings account. This authority is to remain in effect until revoked by me in writing. I agree that each payment shall be the same as a check signed by me. I have the right to stop payment of charge by timely notification to my financial institution and Ward Water and Sewer System reserves the right to terminate this draft service (or my participation therein). I understand that I must give the office a three (3) day notice if I need to change or cancel my draft information.

\_\_\_\_\_  
Signature Date

Please include this form with your voided personal check. Mail to PO Box 334, Ward, AR 72176.

**FOR OFFICE USE ONLY:**

Date Entered: \_\_\_\_\_ Initial: \_\_\_\_\_