

AUTOPAY AUTHORIZATION FORM

Check one:

- New enrollment. Complete, sign and return this form with a voided check.*
- Change enrollment. Complete, sign and return this form with a voided check.*
- Cancel enrollment. Sign and return this form.*

BCWA4 Account # _____

| SECTION A – APPLICANT INFORMATION | | | |
|--------------------------------------|--|----------------|------------|
| Last Name (as it appears on account) | First Name | Middle Initial | |
| If joint account, list other names | | | |
| Current Street Address | City/State | Zip | Home Phone |
| SECTION B – BANK ACCOUNT INFORMATION | | | |
| Bank Name | | Routing Number | |
| Bank Account Number | Check one: <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account | | |

I hereby authorize and request Benton County Water Authority #4 and the financial institution listed above to debit the indicated bank account in the amount due on the 20th day of each month.

I understand that I may terminate this agreement by giving notice to the company. I may do this at any time in writing, but must allow a reasonable amount of time after receipt for the company to act upon it. I also understand that additional service charges may apply if payment is returned due to insufficient funds.

APPLICANTS SIGNATURE

DATE

X _____

Mail this form and voided check to:

Benton County Water Authority #4
P.O. Box 861
Lowell, AR 72745-0861

Or email to: billing@bcwa4.com