RiverSouth Rural Water District

Automatic Bank Draft Authorization Form

CUSTOMER INFORMATION

|  |  |
| --- | --- |
|  |  |
| Customer Name | Phone # |
|  |  |
| Mailing Address | City, State, Zip |

FINANCIAL INFORMATION

|  |
| --- |
|  |
| Name of Financial Institution |
|  |
| Financial Address and/or Phone Number |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

Financial Routing Number

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Customer Bank Account Number

CUSTOMER AUTHORIZATION SIGNATURE

I grant authority to River South Rural Water District to draft my account listed above for payment amounts due on the account(s) listed below. The Financial institution listed above is authorized to pay such drafts when so drawn and presented for payment until authority is revoked.

|  |
| --- |
| Signature (as accepted by your Financial Institution) Date |

Please list below the RiverSouth Rural Water District account number(s) for each account you would like to be paid by bank draft.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **RSRW****ACCOUNT #** |  |  |  |  |  |  |  |  |

***DRAFTS WILL NOT BE MADE ON PAST DUE ACCOUNTS***

***$25 CHARGE FOR DRAFTS MADE ON ACCOUNTS WITH INSUFFICIENT FUNDS***

*Drafted accounts will be taken from your bank account on the 10th of the month unless the 10th fall on a Saturday or Sunday.*

*In this case, your bank will be drafted the following Monday.*

**Forward Completed Authorization Form**

**Fax To: 479.667.2299**

**Mail To: P O Box 1375 Ozark, AR 72949**

**Or return to our office at: 2719 S Highway 23 Ozark**

Monday through Thursday 7:00 AM till 4:30 PM

If you have any questions please contact our office at 479.667.3466 or 877.501.3466