

AUTHORIZATION FOR AUTOMATED BILL PAYMENT

Return this form to: East Johnson County Water
Users Association, Inc.
P.O. Box 330
Lamar, AR 72846

For additional information call: 479-885-2607

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: _____

Type of Account: Checking _____ Savings _____

Account Number: _____

IMPORTANT: Please return a voided check with this form to ensure accurate processing.

I authorize you to charge my checking/savings account monthly in the amount of my monthly bill to make that deduction payable to East Johnson County Water Users Association, Inc.

Date: _____ Signature: _____