

# CITY OF GRAVETTE, ARKANSAS 72736

604 1st Ave SE  
(479)787-5757

## OFFICE USE ONLY

ACCT #	ROUTE #	DATE ENTERED	ENTERED BY
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### AUTHORIZATION AGREEMENT AUTOMATIC PAYMENT (ACH DEBITS)

I \_\_\_\_\_, hereby authorize the City of Gravette Water & Sewer, hereinafter called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit and/or debit the same to such account.

\_\_\_\_\_  
(Financial Institution Name)

\_\_\_\_\_  
(Branch)

\_\_\_\_\_  
(Financial Institution Address)

\_\_\_\_\_  
(City/State/Zip)

Type of Account: \_\_\_\_\_ Checking

\_\_\_\_\_ Savings

\_\_\_\_\_  
(Routing Number)

\_\_\_\_\_  
(Account Number)

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

\_\_\_\_\_  
(Print Individual Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Water Account Number)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Date)

\*\*\*\*PLEASE ATTACH A COPY OF A VOIDED CHECK TO THIS FORM\*\*\*\*