AUTOMATIC BANK DRAFT AUTHORIZATION FORM

East End Water Improvement District #1
20621 Arch Street
Little Rock, AR 72206

DATE: _____

Customer A/C Number (office Use):_____

Customer Name:

Customer's Bank Name:

Bank Routing Number:

Customers Checking Account Number:

Customer Signature: _____

Address: _____

City, State, Zip_____

PHONE #:_____

(A service charge will be made on accounts drafted with insufficient funds)

(BANK DRAFT'S ARE DONE ON THE 5TH OF EVERY MONTH)