

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 Address:

Bank City, State, Zip:

Bank Routing Number:

Customer's Checking Account Number:

MAXIMUM BANK DRAFT AMOUNT (an amount must be entered): _____

Customer Signature: _____

Address: _____

City, State, Zip _____

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