

**VILONIA WATERWORKS ASSOCIATION
19 INDUSTRIAL DRIVE, PO BOX 300
VILONIA, AR 72173
(501)796-2711 Fax (501)796-3825**

CUSTOMER INFORMATION

Name _____
Account # _____
Email Address _____
Phone # _____

FINANCIAL INSTITUTION INFORMATION

Bank Name _____
Bank Routing/Transit # _____
Name on Account _____
Account Type (circle one) Checking / Savings
Bank Account # _____

WE WILL NEED A VOIDED CHECK ALONG WITH THIS FORM FILLED OUT

I certify that the information above is correct, that I am an authorized signer or designate of the account provided for ACH transactions, and that I am authorized to provide this information.

I authorize Vilonia Waterworks Association to deduct my utility payments from this bank via Electronic Fund Transfer. I understand sending a written notification to Vilonia Waterworks Association will revoke this authorization.

Vilonia Waterworks Association reserves the right to cancel Electronic Fund Transfer due to insufficient funds without notice.

Print Authorized Name

Authorized Signature

Date