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

CUSTOMER INFORMATION

| Name | | | | | |
|--|---|---|-----------------------|--|------|
| Account # | _ | | | | |
| Email AddressPhone # | | - | | | |
| | | | | | |
| FINANCIAL INSTITUTION INFORMATION Bank Name | | | | | |
| Bank Routing/Transit #Name on Account | | | | | |
| | | _ | | | |
| Account Type (circle one) Checking / Savings | | | | | |
| 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 |