



BILL PAYMENT AUTHORIZATION FOR AUTOMATIC BANK DRAFT

DRAFTED ON THE 17TH OF THE MONTH

RETURN THIS FORM TO: **BARLING WATER AND SEWER DEPARTMENT**
PO BOX 23039
307 FORT STREET
BARLING, AR 72923

NAME _____
(AS IT APPEARS ON THE BILL. PLEASE PRINT)

ADDRESS _____

CITY _____ STATE _____ ZIP _____

UTILITY ACCOUNT NUMBER _____

FINANCIAL INSTITUTION _____

CIRCLE ONE: CHECKING ACCOUNT SAVINGS ACCOUNT

ACCOUNT NUMBER _____

ROUTING NUMBER _____

**IMPORTANT: PLEASE PROVIDE A VOIDED CHECK WITH THIS FORM TO
ENSURE PROPER PROCESSING.**

ATTACH VOIDED CHECK HERE

I authorize the representative for Barling Water and Sewer Department to draft my checking/savings account monthly in the amount of my monthly bill and to make that deduction to the City of Barling Water and Sewer Revenue Fund. In making this authorization, I agree to all Terms and Conditions of Authorization

SIGNATURE _____ DATE _____