

CITY OF BRYANT WATER / SEWER

CONSUMER DRAFT AUTHORIZATION FORM

Return with payment, fax to 501-943-0997 or email "waterbilling@CityofBryant.com"

NAME: _____
(As it appears on your water bill)

SERVICE ADDRESS: _____

HOME PHONE: _____ OTHER PHONE: _____

BANK DRAFT WITHDRAWAL:

(PLEASE INCLUDE A VOIDED CHECK)

NAME OF BANK: _____

NAME AS IT APPEARS ON YOUR BANK ACCOUNT: _____

CHECKING [] SAVING []

ROUTING #: _____ ACCOUNT#: _____

By signing this form, I authorize the bank named above to deduct my City of Bryant Water/Sewer bill from my bank account. This authority is to remain in effect until revoked by me. Revocation must be received prior to the 25th of the month. The City of Bryant Water/Sewer Dept. reserves the right to terminate this draft service. **Initial setup may take up to 2 months to begin drafting. It is your responsibility to continue to pay your bill until it says "DO NOT PAY- PAID BY DRAFT".**

SIGNATURE: _____ DATE: _____

It's the easiest, most convenient way to pay and it saves you from worrying about being late with your payment. With **AUTOMATIC DRAFT** you have the security of knowing your bill will always be paid on time.

To take advantage of this special service, complete the authorization form and return it to the Water Office. You will continue to receive your water bill each month for your records. Your account will draft on the 25th day of the month. **PLEASE PAY YOUR BILL UNTIL YOU RECEIVE THE STATEMENT THAT SAYS "DO NOT PAY- PAID BY DRAFT"**. If you have any questions concerning **AUTOMATIC DRAFT**, please call 501-943-0999.

OFFICE USE ONLY:

Account # _____ Date of Draft: _____

Completed By: _____ Date: _____