## **CITY OF BRYANT WATER / SEWER**

## **CONSUMER DRAFT AUTHORIZATION FORM**

Return with payment, fax to 501-943-3410 or email "waterbilling@CityofBryant.com"

NAME:	
	(As it appears on your water bill)
	OTHER PHONE:
BANK DRAFT WITHDRAWAL:	
(PLEASE INCLUDE A VOIDED CHE	CK)
NAME OF BANK:	
NAME AS IT APPEARS ON YOUR E	BANK ACCOUNT:
CHECKING[]	SAVING [ ]
ROUTING #:	ACCOUNT#:
my bank account. This authority is t prior to the 1st of the month. The 0	bank named above to deduct my City of Bryant Water/Sewer bill from o remain in effect until revoked by me. Revocation must be received City of Bryant Water/Sewer Dept. reserves the right to terminate this ke up to 2 months to begin drafting. It is your responsibility to tys "AUTO PAY" on the stub.
SIGNATURE:	DATE:
It's the easiest, most convenient wa	ay to pay and it saves you from worrying about being late with your T you have the security of knowing your bill will always be paid on
Office. You will continue to receive y the1st day of the month. PLEASE PA	rvice, complete the authorization form and return it to the Water our water bill each month for your records. Your account will draft on AY YOUR BILL UNTIL YOU RECEIVE THE STATEMENT THAT If you have any questions concerning AUTOMATIC DRAFT, please
	OFFICE USE ONLY:
Account #	Date of Draft:
Completed By:	Date: