MARMADUKE WATER DEPARTMENT
307 WEST MILL STREET-PO BOX 208
MARMADUKE, AR 72443
(870) 597-2753

ACH Bank Draft Payments Sign-Up Form

CUSTOMER INFORMATION

Name: _____

Physical Address: _____

Water Account No: _____

E-Mail Address: _____

Phone No: _____

FINANCIAL INSTITUTION INFORMATION

Bank Name: _____

Name on Account: _____

Bank Routing/Transit No: _____

Account No: _____

Account Type (circle one): CHECKING / SAVINGS

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 MARMADUKE WATER DEPARTMENT to deduct my utility payments from this bank account via Electronic Fund Transfer. I understand sending a written notification to MARMADUKE WATER DEPARTMENT will revoke this authorization.

MARMADUKE WATER DEPARTMENT reserves the right to cancel Electronic Fund Transfers due to insufficient funds without notice.

Bank drafts will process on the 15th of each month.

_____
Printed Authorized Name

_____
Authorized Signature Date