

AUTHORIZATION FOR AUTOMATED BILL PAYMENT

Return this form to Tri County Regional Water Distribution District, PO Box 4030, Russellville, AR 72811. For additional Information call: (479)968-6268.

CUSTOMER ACCOUNT NUMBER: _____

YOUR NAME (As shown on above account): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

ACH DRAFT

CHECK ONE: CHECKING ACCOUNT _____ SAVINGS ACCOUNT _____

IMPORTANT: Please return a voided check with the form to ensure accurate processing.

BANK NAME: _____

CITY: _____ STATE: _____ ZIP CODE: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

RECURRING CREDIT CARD (a 4% charge will be assessed to use this payment method)

CHECK ONE: VISA _____ MASTERCARD _____

CARD NUMBER: _____ CVV _____

EXPIRATION DATE: _____

NAME AS IT APPEARS ON CARD: _____

I authorize Tri County Regional Water Distribution District to charge my checking/savings account of my monthly water bill and to make that deduction payable to Tri County Regional Water Distribution District. I agree to all Terms and Conditions of Authorization.

SIGNATURE: _____ DATE: _____