MADISON COUNTY WATER FACILITIES BOARD P.O. BOX 606 HUNTSVILLE, AR 72740 479-738-2214

Dear Customer:

payments will be dedu information to us as so	utomatic Bank Draft Paym cted on the due date of the on as possible to begin this s	bill. Please reservice.	eturn the following
	orization Agreement for Automa		
•	on County Water Facilities B indicated below at the bank na		•
Name(s)			
Please print	City		
Bank Name			
City	State	Zip	
Please check one of the fol	lowing: Checking Accoun	t Or Savir	ngs Account
List account location or accounts you wish to be dr	customer numbers for all Ma afted:	dison County W	Vater Facilities Board
	Date		
Please cut here and return	rn the top portion <u>along with</u> cilities Board – P.O. Box 606, F	voided check to	<u>o:</u>

This authority is to remain in full force and effect until the Facilities Board and Bank have received written notification from me of its termination in such time and manner as to afford the Facilities Board and Bank a reasonable opportunity to act on it. I have the right to stop payment of charge entries by notifying the Bank prior to the time the account has been charged. Any erroneous or incorrect charge will be corrected upon notification of the Bank.