



ARLINGTON UTILITIES AUTHORIZATION FOR BANKDRAFTING

I AUTHORIZE THE ARLINGTON WATER UTILITIES DEPARTMENT TO DEBIT MY ACCOUNT EACH MONTH FOR THE AMOUNT OF SERVICES BILLED ON MY WATER UTILITY ACCOUNT. I ALSO AUTHORIZE MY FINANCIAL INSTITUTION IDENTIFIED BELOW TO DEBIT THESE AMOUNTS FROM MY ACCOUNT.

PLEASE PRINT:

NAME OF FINANCIAL
INSTITUTION

CITY

STATE

ZIP

PLEASE CHECK THE APPROPRIATE SELECTIONS:

BANK

SAVINGS & LOAN

CREDIT UNION

OTHER

CHECKING ACCOUNT

SAVINGS ACCOUNT

CUSTOMER NAME

ADDRESS

WATER UTILITY

ACCOUNT NUMBER

SIGNATURE

DATE

A COPY OF MY VOIDED CHECK IS ATTACHED.

WE LOOK FORWARD TO PROVIDING THIS ADDITIONAL SERVICE TO YOU. THANK YOU FOR DOING BUSINESS WITH US. PLEASE RETURN THIS FORM WITH YOUR NEXT UTILITY PAYMENT, OR MAIL TO:

ARLINGTON WATER UTILITIES
PO Box 90020
ARLINGTON TX 76004-3020

OR, FAX THIS COMPLETED/SIGNED FORM WITH YOUR VOIDED CHECK TO: 817-459-6807