

Attach voided check or deposit slip here when mailing

<h1>Yorktown Water Association</h1>	<p>Please complete the entire form (all fields are required). For checking account payments, please attach a voided check (not a deposit slip). For savings account payments, please attach a voided deposit slip (if available).</p>
	<p>Print out, sign and mail this form and the above attachment to:  <b>Yorktown Water P.O. Box 277 Star City, AR 71667</b></p>

## Automatic Bank Draft Authorization Agreement

**IMPORTANT - Please review**

I authorize the named financial institution to make deductions from my account for payment of my Yorktown Water bill. I understand that I can discontinue participation in the Automatic Bank Draft program by calling Yorktown Water at the telephone number listed on my bill. I also understand that the monthly withdrawal will take place on 10<sup>th</sup> of each month.

Name of your bank, savings and loan, or credit union			
	Routing number — 9 digits		
	Account number		
Your name (as shown on financial institution records)			
Checking or Savings account payments (if neither box is checked, default is a checking account payment)	Savings	Checking	
Address			
City, State, and Zip Code			
Daytime telephone number			
Name of the primary account holder			
on your bill)	Account number— (as it appears		
Signature (as shown on financial institution records) Participation in the Bank Draft Payment Plan is contingent upon your signed consent.			

**If any fields are missing or inconsistent with Yorktown Water Association records, your bank draft will be delayed until clarification is received.**