



P.O. BOX 69 • 2 ASHMORE STREET • MAYFLOWER, ARKANSAS 72106
(501) 470-1818 • FAX (501) 470-0543

BANK DRAFT AUTHORIZATION FORM

CUSTOMER INFORMATION

Name as shown on account	Water bill account #	Phone number	
Service address	City	State	Zip
Email address			

BANK INFORMATION

Name as shown on account	Name of Bank	Bank Phone #	
Bank Address	City	State	Zip
Bank Routing #	Bank Account #		

IMPORTANT NOTE AND SIGNATURE

I grant authority to the City of Mayflower to draft my bank account listed above for payments due for my water bill on the first business day after the 10th of the month. This authorization is to remain in effect until revoked by me in writing.

Signature

Date

PLEASE ATTACH A VOIDED CHECK

For Office Use Only: Entered Date: _____ Entered By: _____