

**FORREST CITY WATER UTILITY
BANK DRAFT APPLICATION**

THIS IS YOUR AUTHORITY TO COLLECT MY MONTHLY BILL FROM

BANK_____

BANK ACCT#_____

ROUTING#_____

I UNDERSTAND THAT I WILL RECEIVE A STATEMENT EACH MONTH IN A BILLFORM INDICATING THE AMOUNT. I FURTHER UNDERSTAND THE DRAFT WILL OCCUR ON THE TENTH DAY OF EACH MONTH.

DATE_____

UTILITY ACCT#_____

CUSTOMER NAME_____

CUSTOMER ADDRESS_____

CUSTOMER SIGNATURE_____