AUTHORIZATION AGREEMENT

FOR AUTOMATIC WITHDRAWALS

I hereby authorize **Pfeiffer Public Water Authority**, hereinafter called, Company, to withdraw from my (our) account indicated below the amount of my monthly water utility bill. I also authorize the Financial Institution named below, hereinafter called Bank, to charge my (our) checking or savings account the amount of my water utility bill payable to the Pfeiffer Public Water Authority at Batesville, AR.

This authority is to remain in full force and effect until Company or Bank has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Company and Bank a reasonable opportunity to act on it.

Customer(s) Name(s)	Social Security #			
Home Phone	Work Phone		Cell Phone	
Service Address	City		State	Zip
Mailing Address	City		State	Zip
			T . (
	NANCIAL INSTITUT	ION INFOR	RMATION	
FII Financial Institution Name	NANCIAL INSTITUT	TON INFOR	RMATION	
FI	NANCIAL INSTITUT	TON INFOR	RMATION	
FII	NANCIAL INSTITUT	TION INFOR	RMATION Zip	

ATTACH VOIDED CHECK OR SAVINGS WITHDRAWAL HERE