

Utility Billing Services



Automatic Debit Authorization Form Authorization To Pay Utility Service Bills

To start this service or make changes to your existing automatic debit setup, simply return this completed form to us with a voided check. Upon receipt of this completed form and voided check, your ach draft will begin after one complete billing cycle (approximately four weeks). Once your setup has been completed, a notation will be shown on your billing statement.

UTILITY BILLING SERVICES ACCOUNT NUMBER:
(as listed on your monthly bill)

YOUR NAME: (as shown on above account)

ADDRESS:

CITY: STATE: ZIP CODE:

TELEPHONE NUMBERS:

NAME AND ADDRESS OF CUSTOMER'S BANK OR SAVINGS AND LOAN:

CHECKING OR SAVINGS ACCOUNT NUMBER:

I authorize the above named Financial Institution to deduct the amount of my monthly utility services bill from my bank account and to make that deduction payable to Utility Billing Services. I agree to all of the terms stated below:

SIGNATURE: _____

DATE: _____

TO ENSURE ACCURATE ACCOUNT INFORMATION, PLEASE, FAX OR SEND A COPY OF A VOIDED CHECK WITH THIS AUTHORIZATION FORM.

Keep a copy of the form as a customer receipt.

For more information, call the Customer Service Center at **501-372-5161**.

To Financial Institution named above:

I authorize the Financial Institution named on this authorization form to pay my monthly utility services bill and to deduct each monthly payment from my account. I agree that each payment shall be the same as a check personally signed by me. I have the right to stop payment of a charge by timely notification to my Financial Institution or to Utility Billing Services prior to the charging of my account. However, I understand that the Financial Institution and Utility Billing Services each reserves the right to terminate this Automatic Debit Payment Program (or my participation therein). This authority will remain in effect until revoked by me in writing to Utility Billing Services, P.O. Box 1789, Little Rock, AR 72203.

For office use only: _____ CSR Initials: _____

**Complete form and FAX to:
Customer Service Center 501-
377-1205**

Or

Mail to:

**P.O. Box 1789 Little Rock, AR
72203-1789**

**Please send or fax a copy of a
voided check to ensure
proper authorization.**