

Utility Billing Services

Authorization Agreement for Electronic Payment Processing

I hereby authorize Central Arkansas Water (CAW) on behalf of Utility Billing Services to initiate credit entries to the account indicated below, and the financial institution named below, to credit the same to such account.

Utility Billing Services Account Number: **Your Name:**

Address:

Phone Number(s):

Bank Name and Address:

Bank Checking or Savings Information:

Routing Number:

Account Number:

This authority is to remain in full force and effect until CAW has received written notification of its termination in such time and in such manner to afford CAW a reasonable opportunity to act on it.

Signature:

Date/Time:

Please FAX or mail completed forms along with a voided check or savings authorization to:

Customer Service Center

FAX: 501-377-1205

Mail: P.O. Box 1789, Little Rock AR 72203-1789