

Bergman Water System

PO Box 160

Bergman, AR 72615

870-741-7665

For office use only:

Date: _____

Account # _____

Name _____

Debit Authorization

I (we) _____ hereby authorize The Bergman Water System, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution names below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for The Bergman Water System. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Financial Institution Name) (Branch)

(Address) (City/State) (Zip Code)

(Routing Number) (Account Number) Type of account: Checking / Savings _____

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

(Signature) (Printed Individual Name) ____/____/____
(Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM!