

Authorization for Automated Bill Payment

Return this form and
voided check to:

Ludwig Water Users Association
PO Box 86
Clarksville, AR 72830

Name: _____
(as it appears on your bill – PLEASE PRINT)

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Customer Account # _____

Financial Institution Name: _____

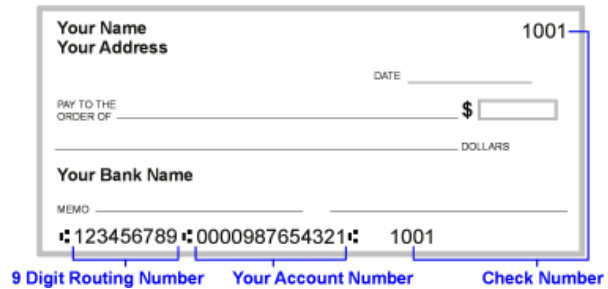
Address: _____

City: _____ State: _____ Zip: _____

Bank Account # _____

Routing # _____

Type of Account: _____ Checking
 _____ Savings



I hereby authorize Ludwig Water Users Association to initiate credit and/or debit entries to my checking and/or savings account indicated above and the depository named above to credit and/or debit the same to such account. All ACH transactions originated will comply with the laws of the United States.

This authority is to remain in full force and effect until Ludwig Water Users Association has received written notification from me of its termination in such time and in such manner as to afford Ludwig Water Users Association and my bank a reasonable opportunity to act on it.

Date: _____ Signature _____

Please attach a voided check to this form