

Automated Bank Draft Application



Application Date: _____

Auto Pay Begins: _____

I authorize the Mountain View Water Department to initiate a monthly automated bank draft to pay for my water, sewer and/or garbage services.

Customer Name: _____

Utility Account Number: _____

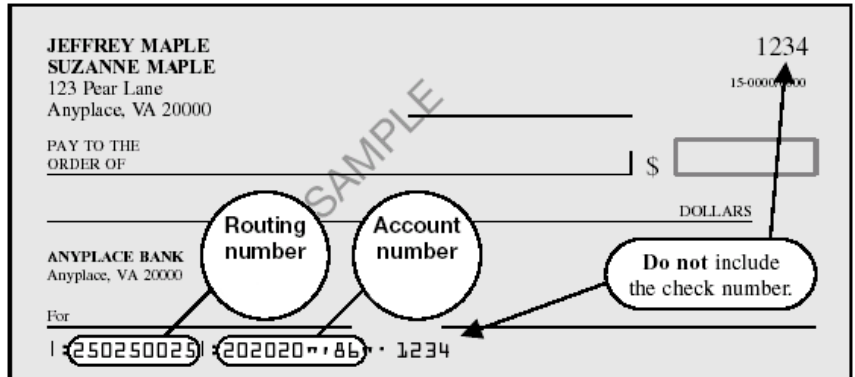
Utility Service Address: _____

Daytime Phone Number: _____

Customer Bank Name: _____

MY ROUTING NUMBER IS:

MY ACCOUNT NUMBER IS:



CUSTOMER SIGNATURE

OFFICE CLERK SIGNATURE

Please Return Completed form to: Mountain View Water Department

Mailing Address: P.O. Box 360
Mountain View, Arkansas 72560

Office Location: 411 W. Main St.
Phone: 1-870-269-3293

Fax: 1-870-269-9158
Email: waterdepartment@cityofmntnview.com