

**Lincoln Water Department
P. O. Box 499
Lincoln, AR 72744**

BANK DRAFT AUTHORIZATION FORM

Date _____

Customer Account Information

Water Service ID# _____

Customer Name _____

Address _____
Street # & Street City State Zip

Telephone# _____

Checking Account Information — PLEASE ATTACH A VOIDED CHECK

Bank Name _____

Checking Account Number _____

Savings Account Number _____

I hereby authorize the Lincoln Water Department to draw drafts on my checking account for payment of my monthly water bill. This authority may be terminated by me up on written notice to the Lincoln Water Dept.

Signature _____ Date _____

Payments will be drafted from your account on the 10th of each month.
There is a \$0.25 cent charge for this service each month.