

# COMPTON WATER ASSOCIATION

P. O. Box 825  
Compton, AR 72624  
870-420-3930  
www.comptonwater@gmail.com

## DEBIT AUTHORIZATION

I (we) authorize **COMPTON WATER ASSOCIATION, INC.** hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for **WATER BILL**. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U. S. Law. ***I (we) understand there is a monthly fee of \$1.00 per withdrawal and that withdrawal will occur between the 10<sup>th</sup> and 14<sup>th</sup> of each month.***

\_\_\_\_\_  
Financial Institution

\_\_\_\_\_  
Branch

\_\_\_\_\_  
Address

\_\_\_\_\_  
City                      St                      Zip

\_\_\_\_\_  
Bank Routing Number

\_\_\_\_\_  
Customer Bank Account Number

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 as reasonable opportunity to act on it.

\_\_\_\_\_  
Print Individual Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Compton Water Acct/Seq Numbers

\_\_\_\_\_  
Date

**PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM**