

Town of Dell, Arkansas Water & Sewer
Application for Bank Draft

Date: _____

Name: _____ Customer # _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Bank: _____

Bank Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Bank Account #: _____

Bank Routing #: _____

(This number needs to come off of a check.)

Maximum Draft Amount: \$ _____

All bills are due the 1st of the month and are late after the 10th.
With this in mind, all drafts will generally take affect on the 5th of the month,
or withing a day or 2 before or after said date. This will allow for holidays and
weekends.

I, _____, have read and agree to allow
charges to be deducted out of my bankj account and deposited into the Town
Dell Water, Sewer, and Garbage for services rendere

Signature of Applicant
