



CLINTON WATER AND SEWER DEPARTMENT

P.O. BOX 277
CLINTON, AR 72031
501-745-4320
clintonwater2@gmail.com

CLINTON WATER AND SEWER DEPT.

Automatic Bank Draft

Authorization Form

Date _____

Customer Account # _____

Customer Name _____

Bank Name _____

Bank Routing # _____

Bank Checking Account # _____

Customer Signature _____

Address _____

City/State/Zip _____

PLEASE FILL OUT AND MAIL OR DELIVER TO THE OFFICE