

SPG WATER ASSOCIATION, INC.

P O Box 94
St Joe, AR 72675
870-439-2500

AUTHORIZATION TO DEBIT ACCOUNT FOR PAYMENT

FINANCIAL INSTITUTION _____

TRANSIT ROUTING NUMBER _____

ACCOUNT NUMBER _____

PAYMENT INFORMATION:

BEGINNING _____ AND ON THE REMAINING PAYMENT
DATES FIRST SERVICE BANK IS AUTHORIZED AND DIRECTED TO
ELECTRONICALLY DEBIT (WITHDRAW) THE PAYMENT AMOUNT SHOWN
MONTHLY FROM SPG WATER ASSOCIATION, INC. AND TO APPLY (CREDIT)
THE SAME AMOUNT TO SPG WATER ASSOCIATION, INC.

I ACKNOWLEDGE THAT HE/SHE HAS READ, UNDERSTANDS, AND AGREES TO
THE TERMS AND CONDITIONS OF THIS AUTHORIZATION. I ACKNOWLEDG
RECEIPT OF AN EXACT COPY OF THIS AUTHORIZATION.

SIGNATURE

DATE

EMPLOYEE SIGNATURE

DATE

ATTACH VOIDED CHECK HERE