



RECEIVED BY: _____
DATE: _____
TRANSMITTED BY: _____
DATE: _____

AUTHORIZATION FOR AUTOMATIC BILL PAYMENT

RETURN THIS FORM TO:
VAN BUREN MUNICIPAL UTILITIES OAK GROVE WATER USERS
P O DRAWER 1269
VAN BUREN, AR 72957

NAME: _____

(AS SHOWN ON WATER ACCOUNT)

SERVICE ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

UTILITY ACCOUNT NUMBER: _____

CIRCLE ONE:
CHECKING ACCOUNT SAVINGS ACCOUNT

IMPORTANT:
PLEASE RETURN A VOIDED CHECK WITH FORM TO ENSURE PROPER PROCESSING

(ATTACH CHECK HERE)

I authorize a representative from the VBMU/OGWU to draft my checking/savings account monthly. In the amount of my monthly utility bill and to make that deduction payable to the VBMU/OGWU. In making this authorization, I agree to all Terms and Conditions of Authorization

SIGNATURE _____ DATE _____