P.O. Box 5379 Jacksonville, AR 72078
26975 Hwy 107 Cabot, AR 72023
(501) 982-0734 Fax (501) 983-1010

CUSTOMER INFORMATION

Name: _____

Account No: _____

Email Address: _____

Phone No: _____

FINANCIAL INSTITUTION INFORMATION

Bank Name: _____

Bank Routing/Transit No: _____

Name on Account: _____

Account Type: **CHECKING ONLY**

Account No: _____

I certify that the information above is correct, that I am an authorized signer or designate of the account provided for ACH transactions, and that I am authorized to provide this information.

I authorize Mid-Arkansas Utilities to deduct my utility payments from this bank account via Electronic Fund Transfer. I understand sending a written notification to Mid-Arkansas Utilities will revoke this authorization.

Mid-Arkansas reserves the right to cancel Electronic Fund Transfer due to insufficient funds without notice.

_____

Print Authorized Name

_____

Authorized Signature Date