



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 Addr:** \_\_\_\_\_

**Phone No:** \_\_\_\_\_

**FINANCIAL INSTITUTION INFORMATION**

**Bank Name:** \_\_\_\_\_

**Bank Routing/Transit No:** \_\_\_\_\_

**Name on Account:** \_\_\_\_\_

**Account Type (circle one):**    Checking / Savings

**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