

APPLICATION FOR CITY OF FAYETTEVILLE UTILITY SERVICES

Office Use Only

Effective Date _____ Sewer Avg _____

Account Number _____ Customer Number _____

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Meter Reading _____ Deposit Type and Amount _____

Trans To/From Acct# _____ Service Address _____

Service Address _____

Mailing Address _____
If Different _____

Requested Service Start Date _____

Name _____ SS# _____
Last First Middle

Business Name if Commercial _____ Fed ID _____

DL# _____ ST _____ Contact Phone _____

Cell Phone _____ Employed By _____

Office Use Only

Intials _____

Date _____

Turn On

Transfer On

New Account

Final Apply

Force Off

Transfer Off

Correct Acc

Deposit Att

No Deposit

Bank Draft

Date to Draft _____

Bank Draft Authorization : YES NO Bank Name _____

Bank Address _____ Checking Account # _____

I hereby authorize the City of Fayetteville to bank draft my checking account for payment of my monthly water/sewer/sanitation bills. I understand this authority shall remain in full force and effect until written notification of termination is received from me and the City of Fayetteville has a reasonable opportunity to process my cancellation request. I understand that nothing contained in this Authorization shall serve to reduce my obligation to pay my City of Fayetteville utility bill and that services may be disconnected should I fail to have sufficient funds in my designated account to cover the amount of the bill. Should my draft be dishonored by my financial institution the City of Fayetteville will no longer allow me to have drafts. I further understand that the name on the bank account to be drafted is the name that appears on my utility account. **A voided check that will represent the account that is to be drafted must accompany this form.**

Spouse _____ Maiden Name _____ SS# _____

Name of Nearest Relative _____ Phone # _____

Roommates _____ SS# _____

Own _____ Rent _____ Landlord _____ Phone _____

This service agreement and deposit is to guarantee the due payment of any indebtedness for any city service due the City of Fayetteville, Arkansas. This deposit shall be retained in escrow, without interest by the City of Fayetteville, Arkansas. It is expressly understood by the undersigned customer that all or any part of this deposit may to the extent necessary be applied by the City of Fayetteville at anytime in satisfaction of said guarantee. The undersigned customer also agrees to comply with all rules and regulations governing city services now in effect or those that may be hereafter established by the City of Fayetteville, Arkansas. When service to the above customer at the stated address is permanently discontinued, and payment of all amounts due the City of Fayetteville are cleared, said service deposit shall be applied to the final billing and remainder, if any, returned to the depositor.

Customer Signature _____ Date _____