

APPLICATION FOR CITY OF FAYETTEVILLE UTILITY SERVICES

Effective Date _____	Office Use Only	Sewer Avg _____	W/O# _____																				
Account Number		Sequence Number																					
<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>												<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>											
Meter Reading _____		Deposit Type and Amount _____																					
Trans To/From Acct# _____		Service Address _____																					

Service Address _____

Mailing Address (if Different) _____

Primary Resident _____ SS# _____
Last First Middle

Email _____ Requested Service Start Date _____

Business Name (if Commercial) _____ Fed ID _____

DL# _____ ST _____ Contact Phone _____

Cell Phone _____ Employed By _____

Secondary Resident _____ SS# _____

Secondary Contact _____ Phone _____

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 _____

(Optional) **Bank Draft Authorization:** YES NO Checking Savings

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.**

Office Use Only

Initials _____
Date _____

Turn On
 Transfer On
 New Account
 Final Apply
 Force Off
 Transfer Off
 Correct Acc
 Deposit Att
 No Deposit
 Bank Draft

Date to Draft _____