

SOUTHEAST RANKIN WATER ASSOCIATION
P.O.BOX 700
PUCKETT, MS 39151
601-825-6992
AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS

Name (please print): _____

Address: _____

City, State, Zip: _____

Phone No. 1: _____ Phone No. 2: _____

Financial Institution Name: _____

Bank Routing #: _____

Checking Account #: _____

I (we) hereby authorize Southeast Rankin Water Association to initiate entries to my Checking/Savings accounts at the Financial Institution named above to pay my monthly water bill by charging each payment to my account and to make that deduction payable to the order of Southeast Rankin Water Association, and if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until Southeast Rankin Water Association is notified by me(us) in writing to cancel it in such time as to afford Southeast Rankin Water Association and the Financial Institution a reasonable opportunity to act on it. I understand, however, that both the Financial Institution and Southeast Rankin Water Association reserve the right to terminate this payment plan (or my participation therein).

Signature: _____ Date: _____

NOTE: Please return the completed authorization with a VOIDED CHECK