

STAPLED VOIDED CHECK HERE

AUTHORIZATION FOR AUTOMATIC PAYMENT

I authorize Jeff Davis Water Asso. Inc. and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

(NAME OF FINANCIAL INSTITUTION)

(BRANCH)

(ADDRESS OF FINANCIAL INSTITUTION) (STREET) (CITY) (STATE) (ZIP)

(SIGNATURE)

(DATE)

(NAME - PLEASE PRINT)

(ADDRESS - PLEASE PRINT)

Checking Acct # _____

Savings Acct # _____

Financial Institution Routing Number _____

RETAIN FOR YOUR RECORDS

on _____ I authorized

Jeff Davis Water Association, Inc.
(COMPANY NAME & DEPT)

Water Valley, Miss. 38965
(COMPANY ADDRESS)

Phone _____

to initiate electronic entries to my checking/savings account and have agreed to the terms listed on the authorization. I may revoke my authorization with the company at any time by writing to the address above.

Initial payment amount: \$ Amount of
Regular payment date Monthly water bill

(If the payment amount changes we will notify you at least 10 days before the regularly scheduled payment date.)