## PISGAH WATER ASSOCIATION

## AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS

Your bank can electronically transfer funds to us each month you pay your water bill. We will mail your bill to you every month, as usual, and on your bills due date or the first bank working day after the 16<sup>th</sup> we'll draft your account. Complete the authorization form below or call 601 829-1551 or 601 940-8825 for more information.

NAME:	PHONE:	
(As it appears on financial instit	ution records)	
ADDRESS:	CITY:	ZIP:
FINANCIAL		
INSTITUTION NAME:		BRANCH:
CITY:	STATE:	ZIP:
TRANSIT/ARA #·	CHECKIN ACCOUNT	IG Γ#:
personally signed by me. This addition, I have the right to s. Institution prior to charging	sauthority is to remain in estop payment of a charge my account. I understa	e the same as if it were an instrume ffect until revoked by me in writing. by timely notification to my Financi and, however, that both the Financian at to terminate this payment plan (or n
DATE:		
SIGNATURE:		
NOTE: Please return this auth	orization and a VOIDED c	heck on your account to:
Pisgah Water Associati	on	
P O Box 144 Sandhill, MS 39161		

Word Rev. 01/22/02

601 829-1551 601 940-8825