



AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS

E-MAIL ADDRESS: _____

PHONE NUMBER: _____

SERVICE ACCOUNT INFORMATION

CUSTOMERS NAME: _____

SERVICE ADDRESS: _____

ACCOUNT NUMBER: _____ - _____

BANK ACCOUNT INFORMATION

FINANCIAL INSTITUTION: _____

CITY: _____ STATE: _____ ZIP: _____

CHECKING ACCOUNT NUMBER: _____

BANK ROUTING NUMBER: _____ (Please attach a **COPY** of a voided check)

I hereby authorize the Financial Institution named above to pay my monthly water and sewer bill by charging each payment to my account and to make that deduction payable to the order of Pearl River Valley Water Supply District. I agree that each payment shall be the same as if I were an instrument personally signed by me. This authority is to remain in effect until revoked by me in writing. In addition, I have the right to stop payment of a charge by timely notification to my Financial Institution prior to charging my account. I understand, however, that both the Financial Institution and Pearl River Valley Water Supply District reserve the right to terminate this payment plan (or participation therein).

Date

Signature

NOTE: BANK DRAFTS WILL BE WITHDRAWN ON THE 20TH OF EACH MONTH

PLEASE RETURN ONE COMPLETED COPY OF THIS AUTHORIZATION FORM AND A **COPY** OF YOUR CHECK FROM THE ACCOUNT WHICH YOU CHOOSE TO HAVE YOUR BILL WITHDRAWN FROM:

Pearl River Valley Water Supply District
P.O. Box 2180
Ridgeland, MS 39158