

Harland Creek Community Water Association

P. O. Box 217
Lexington, MS 39095
(662) 834-2560

AUTHORIZATION AGREEMENT FOR DRAFT PAYMENTS

Customer's Name _____ Phone: _____
(as it appears on financial institution records)

Service Address: _____, _____, MS _____
(street address) (city) (zip code)

Billing Address: _____, _____, MS _____
(street address) (city) (zip code)

Financial Institution: _____

Address of Bank: _____, _____, _____, _____
(Mailing address) (city) (State) (zip code)

Routing Number: _____ Checking Account Number: _____
(voided check must be attached to this form)

HCCWA Account Number: _____

I hereby authorize the Financial Institution named above to pay my monthly bill by charging each payment to my account and to make that deduction payable to Harland Creek Community Water Association. I agree that each payment shall be the same as if it 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 the Harland Creek Community Water Association reserve the right to terminate this payment plan and/or my participation therein.

Date: _____ Signature: _____

Please return one completed copy of the authorization and a **VOIDED** check on your account to: **HCCWA, P. O. Box 217, Lexington, MS 39095**. Please retain a copy of this form for your records.

(OFFICE USE ONLY)

Acct # _____ Date: _____