

## AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(As it appears on financial institution records)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Transit/ABA #: \_\_\_\_\_ Checking Account #: \_\_\_\_\_

Water Account # \_\_\_\_\_

I hereby authorize 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 Harrisville Water Association, Inc. 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 Harrisville Water Association, Inc. reserve the right to terminate this payment plan (or my participation therein).

Your account will be drafted on the 18<sup>th</sup> of each month.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

NOTE: Please return this authorization and a VOIDED check on your account to:

Harrisville Water Association, Inc.  
P.O. Box 157  
Harrisville, MS 39082

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