



PEARL RIVER VALLEY  
WATER SUPPLY DISTRICT

## AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS

E-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name \_\_\_\_\_

*(As it appears on financial institute records)*

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

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

Checking Account No: \_\_\_\_\_

Bank Routing No: \_\_\_\_\_ *(Please attach a copy of voided check)*

I hereby authorize the Financial Institution named above to pay my monthly water and sewage 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**NOTE: BANK DRAFTS WILL BE WITHDRAWN ON THE 20TH OF EACH MONTH**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COMPLETED COPY OF THIS AUTHORIZATION FORM AND A COPY OF YOUR CHECK FROM THE ACCOUNT WHICH YOU CHOOSE TO HAVE YOUR BILL WITHDRAWN FROM: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 39158-2180



**Pearl River Valley Water Supply District  
Water Department  
APPLICATION FOR WATER/SEWER  
ADJUSTMENT**

PEARL RIVER VALLEY  
WATER SUPPLY DISTRICT

Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason For Request

|  |   |
|--|---|
|  | *Water Leak   |
|  | *Broken Line In House   |
|  | *Broken Line In Yard  |
|  | *Water Heater Leak  |
|  | Filled Swimming Pool: (2) Pool Adjustments in a calendar year<br>Beginning Meter Reading:<br>Ending Meter Reading: _____<br>Date Pool was Filled: _____<br>Other(s)(Brief Explanation): _____ |
|  | _____   |
|  | _____   |
|  | _____   |
|  | _____   |

\* ESTIMATE HOW LONG PROBLEM EXISTED: \_\_\_\_\_

LEAK REPAIRED BY:      PLUMBER                  SELF

(If repaired by plumber, please attach copy of bill, or if leak repaired by homeowner, explain below and include the cost below).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I CERTIFY THAT THE INFORMATION FURNISHED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE RETURN ONE COMPLETED COPY OF THIS ADJUSTMENT FORM AND A COPY OF YOUR PLUMBERS BILL TO:

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