



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NOTE: BANK DRAFTS WILL BE WITHDRAWN ON THE 20TH OF EACH MONTH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THE ACCOUNT WHICH YOU CHOOSE TO HAVE YOUR BILL WITHDRAWN FROM: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 5219
Brandon, MS 39047