

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS

Bank Information

Date:	
Name on Water Account:	Acct#:
Name on Bank Acct:	Phone:
Address:	
Bank Routing #:	Bank Acct #:
charging each payment to my account ar Utility Association. I agree that each pa personally signed by me. This authority i addition, I have the right to stop payr Community Utility Association prior to c	tion named above to pay my monthly water bill by and to make that deduction payable to Dixie Community syment shall be the same as if it were an instrument is to remain in effect until revoked by me in writing. In ment of a charge by timely notification to my Dixie harging my account. I understand, however, that both unity Utility Association reserve the right to terminate nerin.)
Authorized Signature:	

NOTE: Please return this completed original form and a VOIDED check on your account to: Dixie Community Utility Association, 500 Elks Lake Rd., Hattiesburg, MS 39401.