

OKATOMA WATER ASSOCIATON, INC.
1970 SCR 45
MOUNT OLIVE, MS 39119
OFFICE 601-733-2363
FAX 601-733-2101

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Water Account # _____

Financial Institution Name: _____

City: _____ State: _____ Zip: _____

Routing #: _____ Checking Account #: _____

I hereby authorize the Financial Institution named above to pay my monthly:

_____ Fees

_____ Dues

_____ Bills

By charging each payment to my account and to make that deduction payable to the order of OKATOMA 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 OKATOMA WATER ASSOCIATON reserve the right to terminate this payment plan (or my participation therein).

Drafts will be drawn on the 10th of each Month!

Date: _____ Signature: _____

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