

Fannin Water Association, Inc.

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENT

NAME: _____ PHONE: _____
(As it appears on financial institution records)

ADDRESS: _____ CITY: _____ ZIP: _____

FINANCIAL
INSTITUTION NAME: _____ BRANCH: _____

CITY: _____ STATE: _____ ZIP: _____

TRANSIT/ABA# _____ CHECKING ACCT# _____

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 Fannin 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 Fannin Water Association, Inc. reserve the right to terminate this payment plan (or my participation therein).

Date: _____ Signature: _____

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

Fannin Water Association, Inc.
2653 Hwy 471
Brandon, MS 39047-8596