

Old River Water Assn., Inc.
P.O. Box 580
Woodville, MS 39669
601-888-3782
601-888-3743 (fax)

AUTOMATIC BANK DRAFT AUTHORIZATION FORM
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I authorize **Old River Water Association, Inc.**, hereinafter called "Company," to initiate debit entries to my account indicated below and the Financial Institution named below, hereinafter called "Financial Institution," to debit the same account. I acknowledge that the origination of ACH transactions to my account must comply with U.S. law.

DATE: _____

Begin Date: _____ (Begin date will be next billing cycle/period unless told otherwise)

Customer Name: _____

Address: _____

Customer A/C #: _____

Customer's Bank Name: _____

Address: _____

Customer's Bank Routing Number: _____

Customer's Bank Account Number: _____

Checking Account _____ Savings Account _____

Maximum Bank Draft Amount: _____

Customer's Signature: _____

This authorization is to remain in full force and effect until Company has received written notification from me (or any authorized account signer) of its termination in such time and manner as to afford the Company a reasonable opportunity to act on the request.

Print Individual Name: _____ Signature: _____

Individual ID Number, if applicable: _____ Date: _____

_____ If checked, attach a copy of a voided check or proof of account ownership to this form