BANK DRAFT= NO LATE FEES & NO LATE PAYMENTS

Please return this form with a voided check or a letter from your bank.

CITY OF SOUTHAVEN
WATER DEPARTMENT
AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS

NAME: _____PHONE:_____

SERVICE ADDRESS: _____

NAME ON WATER ACCOUNT: _____

BANK NAME: _____

BANK ADDRESS: _____

ROUTING NUMBER: _____

CHECKING ACCOUNT NUMBER: _____

I hereby authorize the Financial Institution named above to pay my monthly fees/bill by charging each payment to my account and to make that deduction payable to the order of **City of Southaven**. 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 City of Southaven reserve the right to terminate this payment plan and or my participation therein.

DATE: _____SIGNATURE:_____

NOTE: Please return one completed copy of this authorization and a ***VOIDED*** check on your account to: **City of Southaven, Attn: Tina Hardy, 8710 Northwest Drive, Southaven, MS 38671 or email to thardy@southaven.org**.