

BEAR CREEK WATER ASSOCIATION, INC

AUTHORIZATION AGREEMENTS FOR AUTOMATIC PAYMENTS

NAME: _____ PHONE: _____
(AS IT APPEARS ON FINANCIAL INSTITUTION RECORDS)

ADDRESS: _____ CITY: _____ ZIP: _____

FINANCIAL INSTITUTION NAME: _____ BRANCH: _____

CITY: _____ STATE: _____ ZIP: _____

TRANSIT/ABA#: _____ CHECKING ACCOUNT #: _____

I hereby authorize the Financial Institution name above to pay my monthly water bill by charging each payment to my account and to make that deduction payable to the order of BEAR CREEK 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 and BEAR CREEK WATER ASSOCIATION, INC. reserve the right to terminate this payment plan (or my participation therein).

DATE: _____ SIGNATURE: _____

NOTE: Please return one completed copy of the authorization and a **VOIDED** check on your account to: BEAR CREEK WATER ASSOCIATION, INC., P.O. BOX 107, CANTON, MS 39046

BEAR CREEK ACCOUNT NUMBER: _____

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