

# CALEDONIA WATER & SEWER DEPT.

## Bank Draft Authorization

Bank: **BankFirst Financial Services**

Bank Account Number: [Click here to enter text.](#)

You are hereby authorized to honor and charge to my account each month a draft drawn by the Caledonia Water & Sewer Department which will be in payment of my water and/or sewer account or accounts.

\_\_\_\_\_  
Signature

[Click here to enter a date.](#)  
Date

[Click here to enter text.](#)  
Address

[Click here to enter text.](#)  
Home Phone

[Click here to enter text.](#)  
Account Number

[Click here to enter text.](#)  
Business Phone

**\*\*Send completed form to:  
P.O. Box 130  
Caledonia, MS 39740**