

**East Lowndes Water Association, Inc.**  
**Bank Draft Authorization**

**Bank Name:** 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 East Lowndes Water Association which will be in payment of my water and/or sewer account(s).

\_\_\_\_\_  
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.](#)  
E.L.W.A. Account Number

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

Fax completed form to: 662-327-0915

**Mail to: P.O Box 9190, Columbus, MS 39705**  
With a voided check