

RANKIN COUNTY WASTE MANAGEMENT FUND
DRAFT AUTHORIZATION

P.O. Box 1898
Brandon, MS 39043
(601) 825-9213

Name: _____ Date: _____
Address: _____ Account #: _____

DRAFT AUTHORIZATION

**** PLEASE INCLUDE A VOIDED CHECK ****

Information About Your Financial Institution:

Name of Bank: _____
Bank Address: _____
Bank City, State, Zip _____
Bank Account Number _____

Rate for Which You Qualify:

- _____ Regular Quarterly Rate¹
- _____ Senior Citizen (must be 65 or older and must return copy of current driver's license or birth certificate with form to qualify)
- _____ Disabled (you must call (601) 825-9213 to be placed on this rate)

I authorize my bank listed on this form to automatically draft from the account listed hereon the current quarterly amount due to Rankin County Waste Management Fund for garbage collection services beginning with the quarter next succeeding after the date shown on this authorization form. My authorization shall remain in effect until cancelled by me in writing and delivered to the bank listed hereon. I release my bank from any liability associated with honoring any draft related to this authorization. I agree that my bank's treatment of any such draft and its rights with respect to such draft shall be commensurate with a draft actually signed by me. I acknowledge and agree that if my quarterly rate increases in the future, my authorization given hereby shall in no way be effected and I authorize my bank to pay the increased draft amount resulting from a future rate increase.

Date: _____ Signature: _____

¹ As of July 1, 2014, the regular quarterly rate is \$50.00. Be advised that this rate may increase in the future. Any future rate increase, if any, will be drafted from the authorized account without further notice.