

Bank Draft Form

Water Association of Pine Grove, Inc.

**PO Box 189
Ellisville, MS 39437**

CREDIT/DEBIT AUTHORIZATION FORM

I (we) hereby authorize WATER ASSOCIATION OF PINE GROVE INC to initiate entries to my checking/savings accounts at the FINANCIAL INSTITUTION listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until WATER ASSOCIATION OF PINE GROVE INC is notified by me (us) in writing to cancel it in such time as to afford WATER ASSOCIATION OF PINE GROVE INC and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Name - PLEASE PRINT)

(Address - PLEASE PRINT)

(Name of FINANCIAL INSTITUTION)

(Address of FINANCIAL INSTITUTION - Branch, City, State & Zip)

Set Amount: \$ N/A Maximum Amount: _____

Checking/Savings Account Number: _____

Financial Institution Routing Number: _____

(Signature)

(Date)

DON'T FORGET TO ATTACH A VOIDED CHECK