

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

HANCOCK COUNTY WATER & SEWER DISTRICT

FEDERAL ID # 64-0753355

I (we) hereby authorize HANCOCK COUNTY WATER & SEWER DISTRICT, hereinafter called COMPANY, to initiate debit entries to my (our) checking or savings account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same such account.

DEPOSITORY NAME: HANCOCK COUNTY WATER & SEWER DISTRICT

TRANSIT / ABA NO.: 5021 0157: 9000474701

This authority is to remain in full force and effect until COMPANY and DEPOSITORY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Note: Customer understands that if they are currently on the HCWS "water system" the amount to be automatically drafted will be an undetermined amount until metered and billed.

Also customer understands that if automatic draft is returned for any reason they will be charged a \$40.00 return fee. **Please complete and return form with voided check.**

NAME (S) _____

CUSTOMER PHONE NUMBER: _____

BANK NAME: _____

BANK PHONE NUMBER: _____

BANK ACCOUNT NUMBER: _____

BANK TRANSIT NUMBER: _____

ACCOUNT TYPE (circle one): CHECKING SAVINGS

DATE: _____

CUSTOMER SIGNATURE: _____

CUSTOMER HCWS ACCOUNT NUMBER: _____

PLEASE MAIL OR BRING IN FORM & VOIDED CHECK TO:

HANCOCK COUNTY WATER & SEWER DISTRICT
7040 STENNIS AIRPORT ROAD
KILN, MS 39556

**OR FAX FORM, VOIDED CHECK COPY AND COPY OF DRIVERS LICENSE
FOR IDENTITY VERIFICATION TO: (228)466-5294**