TAYLOR WATER ASSOCIATION, INC.
P.O. BOX 9
Taylor, MS 38673-0009

AUTHORIZATION FOR PRE-AUTHORIZATED PAYMENTS

The undersigned CUSTOMER hereby authorizes the Taylor Water Association, Inc., a Mississippi non-profit corporation (TWA) to make arrangements with CUSTOMER's BANK (BANK) listed below to initiate debit entries to the listed checking or savings account. This authority is to remain in full force and effect until TWA and BANK receive written notification from CUSTOMER of its termination in such time and in such manner as to afford TWA and BANK a reasonable opportunity to act on it.

CUSTOMER Printed Name(s): _____

CUSTOMER Water Account Number with TWA: _____

CUSTOMER's BANK Name: _____

CUSTOMER's BANK Address: _____

_____

CUSTOMER's BANK Routing & Transit Number: _____

CUSTOMER's Checking Account Number: _____

OR

CUSTOMER'S Savings Account Number: _____

Payment Amount: Balance Due

Purpose of Debit: To pay water bill

Frequency: Monthly

Effective Date: 15th day of each month starting on _____

CUSTOMER Signature(s):

_____ Date: _____

_____ Date: _____

If a checking account is to be used, please attach a voided check to this form.

Received by Taylor Water Association _____ Date: _____