

MONTEREY WATER ASSOCIATION, INC.

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS

NAME: _____ PHONE: _____
(As it appears on financial institution records)

ADDRESS: _____ CITY _____ ZIP _____

FINANCIAL
INSTITUTION NAME: _____ BRANCH: _____

CITY: _____ STATE _____ ZIP _____

TRANSIT/ABA# _____ CHECK ACCOUNT # _____

I hereby authorize the Financial Institution named above to pay my monthly _____
By charging each payment to my account and to make that deduction payable to the order of
MONTEREY WATER ASSOCIATION, INC., I agree that each payment shall be the same
as if it were an instrument personally signed by me. This authority is to remain in effect until
revoked by me in writing. In addition, I have the right to stop payment of a charge by timely
notification to my Financial Institution prior to charging my account. I understand, however,
that both the Financial Institution and **MONTEREY WATER ASSOCIATION, INC.** reserve
the right to terminate this payment plan (or my participation therein).

DATE: _____ SIGNATURE: _____

NOTE: Please return one completed copy of this authorization and a VOIDED check on
your account to: **MONTEREY WATER ASSOCIATION, INC.**, 784 Thomasville Road,
Florence, MS 39073. The other copy is for your records.