

**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.