## NATCHEZ WATER WORKS

## **AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)**

I (we) hereby authorize the NATCHEZ WATER WORKS, hereinafter called NWW to initiate debit entries to my (our) $\square$ Checking Account / $\square$ Savings Account (Select One) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account in order to pay my bill(s) each month. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.		
BANK INFORMATION		
Depository (Bank) Name	Branch	
City	State	Zip
Routing Number	Account Number	
This authorization is to remain in full force and effect until NWW has termination in such time and in such manner as to afford NWW and	DEPOSITORY a reasonable opportunity to ac	
COSTOMER INFORMAT	ION / AUTHORIZATON	
Physical Address	Printed Name	
Phone Number	Signature (as accepted by bank)	
Mobile Number (not required)	Date	
DO NOT FILL BELOW THIS	LINE (OFFICE USE ONLY)	
(Account Name as Shown on Bill)	(NWW Account No.)	(Cycle)