

Langford Water Association, Inc.

1805 Highway 471

Brandon, MS 39047

601-591-1467

Authorization Agreement for Automatic Payments

Name: _____ Financial Institution: _____

Address: _____ Bank Routing No: _____

Phone: _____ Checking Account No: _____

I hereby authorize the financial institution named above to pay me monthly water bill by charging each payment to my account and to make the deduction payable to the order of Langford Water Association, Inc. I agree that each payment shall be the same as it was an instrument personally signed by me. This authority is to remain in effect until revoked by my request. In addition, I have the right to stop payment of a charge by timely notification to Langford Water Association, Inc. prior to charging my account. I understand however, that both the financial institution and Langford Water Association, Inc. reserve the right to terminate this payment plan (or my participation therein). I also understand that an NSF fee will be charged to my account if the payment is returned to Langford Water Association, Inc. by my financial institution.

Signature

Date: _____

ATTACH A VOIDED CHECK BELOW: