

**Thomasville Water Association  
Authorization Agreement for Automatic Payments**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

(As it appears on financial institution records)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Financial**

Institution Name: \_\_\_\_\_ Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Checking**

Transit/ABA #: \_\_\_\_\_ Account # \_\_\_\_\_

I hereby authorize the Financial Institution names above to pay my monthly:

\_\_\_\_\_ Fees

\_\_\_\_\_ Dues

\_\_\_\_\_ Bills

By charging each payment to my account and making that deduction payable to the order of Thomasville Water Association. I agree that each payment should 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 Thomasville Water Association reserve the right to terminate this payment plan (or my participation therein).

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Note: Please return this authorization and a voided check to:**

**Thomasville Water Association  
2492 Star Rd.  
Florence, MS 39042**