

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).

Will need a copy of a voided check to keep on file. Please bring with this application.