

Leesburg Water Association, Inc.
368 Hwy 481
Pelahatchie, MS 39145

Authorization Agreement for Automatic Payments

Name _____
Phone _____
Address _____
City _____

Financial Institution _____
Address _____
Bank Routing No. _____
Checking Account No. _____

I hereby authorize the financial institution named above to pay my monthly water bill by charging each payment to my account and to make the deduction payable to the order of Leesburg Water Assn., 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 my financial institution prior to charging my account. I understand however, that both the financial institution and Leesburg Water Assn., Inc. reserve the right to Terminate this payment plan (or my participation therein).

ATTACH A VOIDED CHECK

Signature

Date _____