

PROGRESS COMMUNITY WATER ASSOCIATION
200 MITCHELL AVENUE
PURVIS MS 39475
601-794-8664

DEBIT AUTHORIZATION FORM

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS

Bank Information

Date:_____

Name on Water Account:_____Acct#_____

Name on Bank Account:_____

Phone:_____Address:_____

Financial Institution's Name:_____

Bank Routing #:_____Bank Acct*:_____

I hereby authorize the financial institution named above to pay my monthly water bill by charging each payment to my account and to make that deduction payable to Progress Community Water Association. I agree that each payment shall 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 Progress Community Water Association prior to charging my account. I understand, however, that both the financial institution and Progress Community Water Association reserve the right to terminate this payment plan (or my participation therein.)

Authorized Signature:_____