

Pass Christian Water Dept.
PO Box 509, Pass Christian, Ms 39571-0509
228-452-3312

Authorization for Auto Draft

I hereby authorize "The Pass Christian Water Dept." to initiate debits for "Monthly water/sewer /garbage charges" from the checking account indicated below. Accounts will be drafted on or about the 10th of each month. If payment is rejected by your financial institution because of insufficient funds, closed/unauthorized accounts or for any other reason, a return check fee of \$40.00 will be applied to your account.

This Portion To Be Completed By Water Dept Personnel

PCWD ACCOUNT NO. _____

SERVICE ID NO. _____

2ND ACCOUNT NO. _____

2ND SERVICE ID NO. _____

SERVICE ADDRESS: _____

FINANCIAL INSTITUTION: _____

TRANSIT/ROUTING NO: _____

CHECKING ACCOUNT NO: _____

This Portion To Be Completed By Customer

Payer Name on Account: _____

Payer Bill To Address: _____

Payer Phone # _____ Optional (Maximum Draft Amount) _____

Payer Signature: _____ Date: _____

ATTACH A VOIDED CHECK HERE

STAPLE A VOIDED CHECK IN THIS CORNER

John Doe
2400
91-545/1231

VOID

Routing Number: 6724301058
Account Number: 2400
Check No. 2400

DEPOSIT SLIP
NOT ACCEPTED

DO NOT write VOID over the bank routing & account numbers here