

Moselle Water Association

PO Box 41

Moselle, MS 39459

(601) 498-5592

Fax (601) 582-7268

CREDIT/DEBIT AUTHORIZATION FORM

I (we) hereby authorize **MOSELLE WATER ASSOCIATION** to initiate entries to my checking/savings accounts at the FINANCIAL INSTITUTION listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until **MOSELLE WATER ASSOCIATION** is notified by me (us) in writing to cancel it in such time as to afford **MOSELLE WATER ASSOCIATION** and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Name - PLEASE PRINT)

(Address - PLEASE PRINT)

(Name of FINANCIAL INSTITUTION)

(Address of FINANCIAL INSTITUTION - Branch, City, State & Zip)

Maximum Amount: \$ _____

Checking/Savings Account Number: _____

Financial Institution Routing Number: _____

(Signature)

(Date)

DON'T FORGET TO ATTACH A VOIDED CHECK