



ACH Debit Authorization Form

Pearlington Water & Sewer District
P.O. Box 130
Pearlington, MS 39572

I (we) hereby authorize Pearlington Water & Sewer District (herein referred to as "Company") to initiate reoccurring debit entries to my (our) account indicated below at the depository financial institution named below, hereinafter called "Depository", for the purpose of accomplishing the following preauthorized payment for utility services.

Bank Name _____ Branch _____

City _____ State _____ Zip _____

Routing# _____ Account# _____

Amount Monthly Bill Day(s) of debit 15th of Month

Start Date _____ Frequency Monthly

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Depositor Name(s) _____

Address _____

City _____ State _____ Zip _____

Signature _____ Date _____

Signature _____ Date _____

Account holder is required to verify bank account data and attach a voided check here

ATTACH VOIDED CHECK HERE