

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

Authorization for Auto Draft

I hereby authorize "The City of Pass Christian Water Dept." to initiate debits for "monthly water, sewer, and 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.

Form to be Completed by Customer

1st ACCOUNT NO. _____

2nd ACCOUNT NO. _____

3rd ACCOUNT NO. _____

SERVICE ADDRESS: _____

FINANCIAL INSTITUTION: _____

TRANSIT/ROUTING NO: _____

CHECKING ACCOUNT NO: _____

PAYER NAME ON ACCT: _____

EMAIL ADDRESS: _____

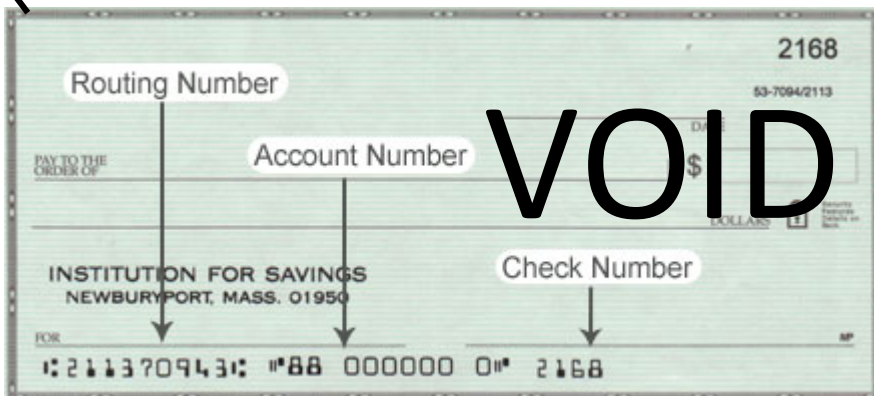
PAYER BILL TO ADDRESS: _____

PAYER PHONE: _____

PAYER SIGNATURE: _____ DATE: _____

ATTACH VOIDED CHECK HERE

STAPLE A VOIDED CHECK IN THIS CORNER



**DEPOSIT SLIP
NOT ACCEPTED**

DO NOT write void over the
account numbers