

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

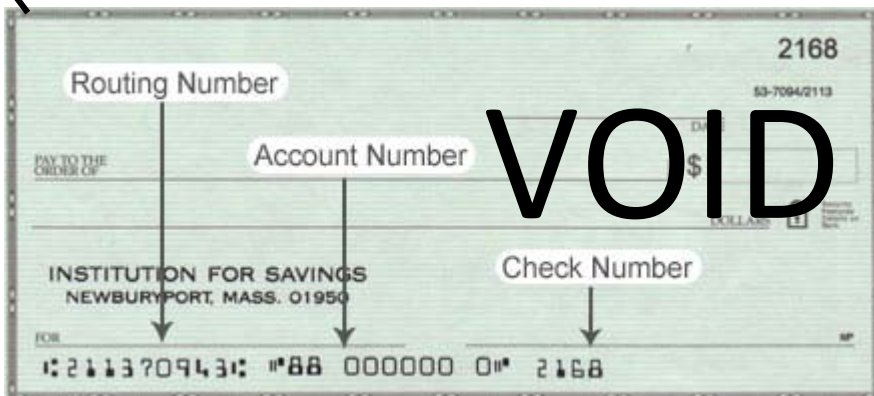
Authorization for Auto Draft

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.

<u>This portion to be completed by Water Dept. personnel</u>	
1 st ACCOUNT NO. _____	
2 nd ACCOUNT NO. _____	
3 rd ACCOUNT NO. _____	
SERVICE ADDRESS: _____ -----	
FINANCIAL INSTITUTION: _____	
TRANSIT/ROUTING NO: _____	
CHECKING ACCOUNT NO: _____	
<u>This portion to be completed by Customer</u>	
PAYER NAME ON ACCT: _____ _____	
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