

**AUTOMATIC BANK DRAFT
HIWANNEE WATER ASSN., INC
929 WAYNE STREET
WAYNESBORO, MS. 39367
601-735-5249
601-735-4959 FAX**

PLEASE PRINT ALL INFORMATION

CUSTOMER NAME _____

SOCIAL SECURITY # _____

BANK NAME _____

ACCOUNT # _____

STAPLE YOUR VOIDED CHECK

**I AUTHORZE HIWANNEE WATER ASSN.INC. AND THE BANK LISTED
TO DEBIT MY ACCOUNT ONCE A MONTH A BILLING PERIOD. THIS
AUTHORITY WILL REMAIN IN EFFECT UNTIL I HAVE A NEW
AUTHORIZATION.**

CUSTOMER SIGNATURE

DATE