

# AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS

## Bank Information

Date: \_\_\_\_\_

Name on Water Account: \_\_\_\_\_ Acct#: \_\_\_\_\_

Name on Bank Acct: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Financial Institution's Name: \_\_\_\_\_

Bank Routing #: \_\_\_\_\_ Bank Acct #: \_\_\_\_\_

I hereby authorize the financial institution named above to pay my monthly water bill by charging each payment to my account and to make that deduction payable to Brooklyn Utility Association. I agree that each payment shall be the same as if it were an instrument personally signed by me. This authority is to remain in effect until revoked by me in writing. In addition, I have the right to stop payment of a charge by timely notification to my Brooklyn Utility Association prior to charging my account. I understand, however, that both the financial institution and Brooklyn Utility Association reserve the right to terminate this payment plan (or my participation therein.)

Authorized Signature: \_\_\_\_\_

NOTE: Please return this completed original form and a VOIDED check on your account to: Brooklyn Utility Association at P.O. Box 69 Brooklyn, MS 39425.