I authorize The Bank on behalf of Jefferson Davis Water District #4 to initiate entries to my checking/
savings account. This authority will remain in effect until I notify you in writing to cancel it in such time
as to afford the financial institution 3 days before my account is charged.

		•
	(Signature)	
	(Name- PLEASE PRINT)	
_	(Address- PLEASE PRINT)	
_	(Phone Number)	
	(Frioric Number)	
Checking Account #	(or) Savings Account#	

Place Voided Check Here