

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)

Checking Account # _____ (or) Savings Account# _____

Financial Institution Routing# _____

Place Voided Check Here