

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.

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(Signature)

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(Name- PLEASE PRINT)

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(Address- PLEASE PRINT)

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(Phone Number)

Checking Account #\_\_\_\_\_ (or) Savings Account#\_\_\_\_\_

Financial Institution Routing#\_\_\_\_\_

**Place Voided Check Here**