

JACKSON COUNTY WATER COMPANY

Authorization Agreement for Pre-Authorized Payments

JCWC Account Name: _____

JCWC Account Number: _____

I/we hereby authorize Jackson County Water Company, hereinafter called Company to initiate debit entries to my/our checking account indicated in the Depository/bank, hereinafter to be called Depository, named below.

Depository Name: (Bank) _____

City : _____ State: _____ Zip: _____

Bank Routing Number: _____

Bank Account Number: _____

This authorization is to remain in full force and effect until Company and Depository have received written notification from me, or either of us, of its termination in such time and in such manner as to afford Depository and Company a reasonable time to act on it.

AUTHORIZED BANK ACCOUNT NAMES: _____

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Printed or typed: (

(_____

SIGNATURE OF ACCOUNT NAMES:

Date: _____