Fannin Water Association, Inc.

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENT

NAME: (As it appears on financial	PHONE:	
ADDRESS:	CITY:	ZIP:
FINANCIAL INSTITUTION NAME:		BRANCH:
CITY:	STATE:	ZIP:
TRANSIT/ABA#	CHECKI	NG ACCT#
	ancial Institution named abo Fees Dues Bills	ve to pay my monthly:
order of Fannin Water Assif it were an instrument pe until revoked by me in wricharge by timely notificati I understand, however, the	sociation, Inc. I agree that ear ersonally signed by me. This iting. In addition, I have the on to my Financial Institution at both the Financial Institu	on prior to charging my account.
Date: S	ignature:	
NOTE: Please return this	authorization and a VOIDE	D check on your account to:

Fannin Water Association, Inc. 2653 Hwy 471 Brandon, MS 39047-8596