

# ACH Recurring Debit Form

COMPANY NAME: Jackson County Utility Authority

COMPANY TAX ID: 64-0652582

I (we) hereby authorize Jackson County Utility Authority, hereinafter called COMPANY, to initiate debit entries to my (our) Checking account Savings Account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same such account. I (we) understand that I (we) will still receive a bill notifying me (us) of the amount of my (our) water bill that will be drafted from our account on the 10<sup>th</sup>, 15<sup>th</sup> or 20<sup>th</sup> of each month, based upon billing cycle.

BANK NAME: \_\_\_\_\_

TRANSIT / ABA NO. \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

This authority is to remain in full force and effect until COMPANY and DEPOSITORY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. **REMINDER:** Returned ACH will be charged a \$5 fee.

NAME(S) \_\_\_\_\_

Service Address: \_\_\_\_\_

Account Number: \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_

SIGNED: \_\_\_\_\_

Mail: Return with Payment

Fax: 228-762-3299

In Person: Return to Customer Service Office

(STAPLE VOIDED CHECK HERE)