

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 10th, 15th or 20th 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:** ACH return penalty is the same as return check fee.

NAME(S) _____

Service Address: _____

Account Number: _____

DATE: _____ SIGNED: _____

SIGNED: _____

Email: customerservice@jcua-ms.us Fax: 228-591-1135 Mail: Return with Payment In Person: Customer Service Office

(STAPLE VOIDED CHECK HERE)