



**STRINGER WATER WORKS ASSOCIATION  
P O BOX 97  
STRINGER, MS. 39481 PHONE 601-649-2855**

**AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS**

NAME ON CHECK \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE ( ) \_\_\_\_\_

WATER CUSTOMER NAME \_\_\_\_\_

WATER ACCOUNT# \_\_\_\_\_

**CUSTOMERS BANK INFORMATION**

NAME OF FINANCIAL INSTITUTION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_

ACCOUNT TYPE: CHECKING \_\_\_\_\_

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

TRANSIT/ABA (ROUTING) NUMBER: \_\_\_\_\_

*I understand and agree that said charges in the amount stated on the monthly bill I receive will be deposited on the 15<sup>th</sup> of each month to be drafted from my account. If funds are not in the checking account and your bank returns the draft, Stringer Water Works will add a non-sufficient fund fee of \$40 to your account.*

I further understand/ agree to provide STRINGER WATER WORKS ASSOCIATION, INC. thirty (30) days written notice should I choose to cancel payment of said charges by bank draft.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**PLEASE RETURN THIS FORM TO STRINGER WATER WORKS ASSOCIATION WITH A VOIDED CHECK.**

**FOR SWWA OFFICE USE ONLY:**

**SWWA BANK DRAFT APPROVED:** \_\_\_\_\_