

CITY OF D'IBERVILLE

WATER AND SEWER DEPARTMENT

BANK DRAFT PAYMENT AUTHORIZATION

I hereby authorize the CITY OF D'IBERVILLE, WATER AND SEWER DEPARTMENT, to deduct payments from my (our) checking account for the purpose of paying, in full, the amount of my (our) water bill on a monthly basis, or as the water and sewer bill becomes due or owing.

CITY OF D'IBERVILLE, WATER AND SEWER DEPARTMENT, will initiate debit entries, and initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) checking account indicated below and the Bank named below:

COMPANY NAME: CITY OF D'IBERVILLE, WATER AND SEWER DEPARTMENT

COMPANY ADDRESS: P. O. BOX 6519, D'IBERVILLE, MS. 39540

COMPANY ID: 64-0757860

NAME: _____

ADDRESS: _____

CITY OF D'IBERVILLE WATER AND SEWER ACCOUNT #: _____

BANK NAME: _____

BANK ADDRESS: _____

BANK ACCOUNT #: _____

BANK ROUTING #: _____

This authority is to remain in force and effect until the City of D'Iberville, Water and Sewer Department has received written notification from me (or either, if "us") of its termination.

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____