

COLLINSVILLE WATER ASSOCIATION
11718 NANCY DRIVE P.O. BOX 67, COLLINSVILLE, MS 39325

ACH Bank Draft Payments Sign-Up Form

I hereby authorize COLLINSVILLE WATER ASSOCIATION to electronically debit my bank account, as listed below, for the amount of my monthly water bill. I also authorize COLLINSVILLE WATER ASSOCIATION when necessary, to make credit entries to my account to correct any erroneous debits.

I understand that this authorization will remain in full effect until I notify the company named above in writing, by phone or in person that I wish to revoke said authorization. I also understand that my request must be received in time for the company to act accordingly (at least 3 business days prior to draft date.)

CUSTOMER INFORMATION

Name: _____

Address: _____

Customer No: _____

Email Address: _____

Phone No: _____

FINANCIAL INSTITUTION INFORMATION

NAME ON BANK ACCOUNT: _____

BANK ROUTING NUMBER: _____

BANK ACCOUNT NUMBER: _____

Financial Institution Name: _____

Account Type : CHECKING _____

Date of Authorization: _____

Printed Name: _____

Signature : _____