North Lauderdale Water Association



9709 Mount Carmel Road (PO Box 143)
Bailey, Mississippi 39320
601-681-6157
customerservice@nlwa.ms
facebook.com/northlauderdalewater

AUTHORIZATION FOR AUTOMATIC PAYMENTS

Water Account:	_ Cycle	e:	PPIN:
Name:		Phone:	
Street:	City:		Zip:
Bank Name:		Branch: _	
Routing Number: Checki	ng Account	t #:	
I hereby authorize NLWA to schedule automathe outstanding balance on my monthly water as if it was an instrument personally sign approximately 5-7 days after the mailing date date on the bill. I agree to pay NLWA a \$30 sepayment for insufficient funds or any other credit this account. This authority remains in right and ability to stop payment of a charge prior to charging my account. NLWA and my funds this payment plan for any reason.	r bill. I agrened by more on the mervice char reason. If effect untile by timely i	ee that each e. This particular particular ge if my baf necessary, I revoked by	payment shall be the same ayment will be deducted but not later than the due nk declines the automated. I also authorize NLWA to me in writing. I retain the to my financial institution
Signature:		Date:	
Please attach a voided check from the accour postal mail to:	nt above to	this form	and deliver in person or by
North Lauderdale Water As	sociation		
9709 Mount Carmel Road PO Box 143			
FO DOX 143			

[Attach Voided Check Here]

Bailey MS 39320-0143