DIAMONDHEAD WATER & SEWER DISTRICT

4425 Park Ten Dr, Diamondhead, MS 39525

EFT AUTHORIZATION AGREEMENT

EFT saves you time, payment worries and stamp expense.

****** Complete this form and return to Diamondhead Water & Sewer District.******

Account Number (#1):	Service Address #1:
Account Number (#2):	**Service Address #2:**

Applicant's Name (As Shown on Bank Records)		Phone#
Print Account Holders Name(s) as Shown on Check		
Addresses as shown on Bank Records		
City	St	Zip

The EFT program will become effective after one complete draft cycle.

I hereby authorize the Diamondhead Water & Sewer to deduct from my checking account, the variable payment each month, on the **8th day of each month**. It will not be necessary for Diamondhead Water & Sewer or anyone employed by it to sign transfers or checks. I agree that the bank's rights in respect to such transfer must be under no obligation to furnish me with special advice or notice in writing or otherwise of the presentment of any such presentment of any such transfer or the charging of the amount to my account. This authorization is to remain in effect until revoked by me in writing, and until you actually receive such notice, I agree that you shall be fully protected in honoring any such transfers. I understand if a draft is returned for any reason (such as: insufficient funds & account closed), I will be charged the District's current returned draft fee.

Your account will be charged on the 8th of each month by DIAMONDHEAD WATER & SEWER DISTRICT.
If the 8th falls on a holiday or weekend, the transaction will take place the next business day.

Applicant's Signature _____ Date _____

(Office Use Only)

Checking Account Number	**Bank Name:**	**Customer Service Rep**
Bank Routing Number	**Date Started**	**Notes:**

****Please Attach a Voided Check Here ****
(Not a Deposit Slip)