



# MCINTOSH COUNTY BOARD OF COMMISSIONERS

## WATER DEPARTMENT

### AUTOMATIC DRAFT AUTHORIZATION

I hereby authorize the McIntosh County Water Department to initiate debit entries or such adjusting entries, either debit or credit which are necessary for corrections, to my checking account indicated below and authorize the financial institution named below to debit or credit the same to such account.

FINANCIAL INSTITUTION NAME

CITY

STATE

BANK ROUTING/ABA NUMBER

BANK ACCOUNT NUMBER

*This authority is to remain in full force and effect unless revoked by me IN WRITING with at least 15 days notice to the McIntosh County Water Department, to allow the department sufficient time to act on the termination.*

Customer Name

McIntosh County Water Account Number

Signature of Customer

Date

PLEASE ATTACH A VOIDED CHECK (Not a deposit slip)