



**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 account.

Financial Institution Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Bank Routing Number \_\_\_\_\_

Bank Account Number \_\_\_\_\_

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

Customer Name \_\_\_\_\_ Account# \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Currently the payments are processed on the \_\_\_\_\_ day of the month.**

**MUST ATTACH A VOIDED CHECK (NOT DEPOSIT SLIP)**

Office use only

Void check attached \_\_\_\_\_ Information entered in system \_\_\_\_\_