

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

**Company
Name**

Mississippi Wastewater Systems, Inc.
7638 River Road Pike
Nashville, TN 37209

**Company
ID Number** _____

I (we) hereby authorize Mississippi Wastewater Systems, hereinafter called COMPANY, to initiate debit entries to my (our) ☐ Checking Account / ☐ Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the U.S. law.

**Depository
Name** _____

Branch _____

City _____

State _____ **Zip** _____

**Routing
Number** _____ (9 Digits)

**Account
Number** _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s) _____

Individual ID Number _____
(To Be Completed by Company)

Signature _____

Date ____/____/____

Note: Please attach a VOIDED CHECK if a checking account will be debited.

Attach check here