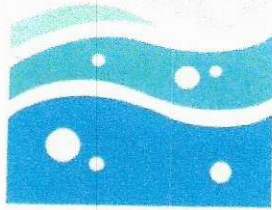


ACCOUNT #



MT. ZION WATER SYSTEM

PO BOX 283

SIMSBORO, LA 71275

(318)245-9627

MTZIONWATER@OUTLOOK.COM

AUTHORIZATION FOR DIRECT PAYMENT VIA ACH DEBITS

DIRECT PAYMENT VIA ACH IS THE TRANSFER OF FUNDS FROM A CONSUMER ACCOUNT FOR THE PURPOSE OF MAKING A PAYMENT.

I (we) authorize Mt. Zion Water System to electronically debit my (our) bank account (and, if necessary, credit the account to correct erroneous debits) as follows:

Select One:

CHECKING ACCOUNT

SAVINGS ACCOUNT

I (we) agree that ACH transactions being authorized comply with all applicable laws at the financial institution named below.

BANK NAME: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

Frequency of Debits: MONTHLY

I (we) understand that this authorization will remain in effect until I (we) notify Mt. Zion Water System in person to revoke authorization. I (we) understand that Mt. Zion Water System requires at least 2 weeks prior notice to cancel authorization.

NAME(S): _____ (Please Print)

DRIVER'S LICENSE/STATE ID #: _____

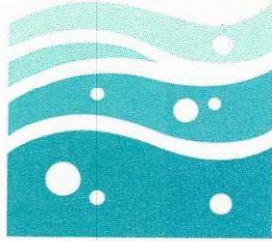
PHONE #: _____

DATE: _____

SIGNATURE(S): _____



MT. ZION WATER SYSTEM IS AN EQUAL OPPORTUNITY PROVIDER



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AUTOPAY CANCELLATION FORM

I, _____, am requesting to withdraw from autopay(bank draft) with Mt. Zion Water System effective immediately. I understand that if it has been submitted within the last 7 days it cannot be removed until that payment clears.

If for any reason I decide to resume automatic payments for my water bill I will have to resubmit all required information at that time.

Name _____

Account _____

State ID/Driver's License number _____

Signature _____

Date _____

