

# Toomsuba Water System

P.O. Box 520 • 3952 Melvin Swain Rd • Toomsuba, MS 39364  
Telephone/Fax : (601) 632-4366

## **BANK DRAFT**

Date: \_\_\_\_\_

Customer Account # \_\_\_\_\_ (from water bill)

Customer name on water bill \_\_\_\_\_

Property address where water is provided \_\_\_\_\_

\_\_\_\_\_

To Bank: (Name) \_\_\_\_\_

(Branch Location) \_\_\_\_\_

This is authorization for the **TOOMSUBA WATER SYSTEM**, P.O. Box 520, Toomsuba, MS, to draw  
monthly drafts on my account (name on account) \_\_\_\_\_

Account # \_\_\_\_\_ Routing # \_\_\_\_\_

This authorization will be valid until such time as I notify the named bank and the Toomsuba Water  
System in writing that I wish the service to be discontinued.

\_\_\_\_\_ Yes \_\_\_\_\_ No.....I would like for a \$2.00 monthly donation be taken out with my bill  
for my local fire department.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Co-account holder( if applicable)

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Print name (if applicable)

For Office Use Only

This document was signed by account holder and accepted by me, this day the \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

