

*Waterworks District No.2, Parish of Beauregard*

PO Box 97 (9080 Hwy 27)  
 Singer, LA. 70660  
 (337)462-6805  
 (337)463-2509(fax)  
 beauwater2@gmail.com  
 singerwater2@gmail.com

**Board of Commissioners**

Delores Crabtree Franks- President  
 Billy White- Vice President  
 Jerry Cooley-Commissioner  
 Donnis Ashworth-Commissioner  
 Jeanez Beckcom- Commissioner

**ACH DEBIT AUTHORIZATION FORM**

|   |                         |                             |
|---|-------------------------|-----------------------------|
| <b>AUTHORIZATION AGREEMENT- FOR PREARRANGED PAYMENTS (ACH DEBITS)</b>   |                         |                             |
| <b>WATERWORKS DISTRICT NO. 2, PARISH OF BEAUREGARD</b>  |                         |                             |
| <p>I (we) hereby authorize: <u>WATERWORKS DISTRICT NO. 2, PARISH OF BEAUREGARD</u></p> <p>Hereinafter called the COMPANY, to initiate debit entries to my (our) Checking or Savings account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account</p> <p>NOTE: The dollar amount <b>showing due</b> on the current Waterworks District utility bill will be drawn from the account indicated below on the <b>week of the 10th</b> of each month according to terms of said bill.</p>   |                         |                             |
| <b>NAME:</b>  |                         |                             |
| <b>ADDRESS:</b>   |                         |                             |
| <b>PHONE#</b>   |                         |                             |
| <b>DEPOSITORY NAME &amp; ADDRESS</b>  |                         | <b>TRANSIT/ABA NUMBER</b>   |
| <b>CHECKING</b><br>_____  | <b>SAVINGS</b><br>_____ | <b>ACCOUNT NUMBER</b>       |
| <p>This authority is to remain in full force and effect until COMPANY and DEPOSITORY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the COMPANY and DEPOSITORY a reasonable opportunity to act on it. I (or either of us) have the right to stop payment of a debit entry by notification to DEPOSITORY at such time as to afford DEPOSITORY a reasonable opportunity to act on it prior to charging account. After account has been charged, I have the right to have the amount of an erroneous debit immediately credited to my account by DEPOSITORY, provided I (we) send written notice of such debit entry in error to DEPOSITORY within 15 days following issuance of the account statement or 45 days after positing, whichever occurs first.</p> |                         |                             |
| Please attach a voided check for account verification purposes.   | Utility Acct#           | Date                        |
| <b>Name: (Please Print)</b>   |                         | <b>Name: (Please Print)</b> |
| <b>Signature:</b>   |                         | <b>Signature:</b>           |