



ACH Debit Authorization Form

New Zion Utility, Inc.
P O Box 816
3153 Highway 49
Wiggins, MS 39577

I (we) hereby authorize New Zion Utility, Inc. (herein referred to as "Company") to initiate reoccurring debit entries to my (our) account indicated below at the depository financial institution named below, hereinafter called "Depository", for the purpose of accomplishing the following preauthorized payment for water utility services.

Bank Name _____ **Branch** _____
City _____ **State** _____ **Zip** _____
Routing# _____ **Account#** _____
Start Date _____ **Frequency** _____

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.

Depositor Name(s) _____
Address _____
City _____ **State** _____ **Zip** _____
Signature _____ **Date** _____
Signature _____ **Date** _____

Account holder is required to verify bank account data and attach a voided check here

ATTACH VOIDED CHECK HERE