

North Covington Water Association, Inc.

411 South Main Street
P.O. Box 8
Mount Olive, Ms. 39119

O: 601-797-4347
F: 601-797-4348
E: ncwa0131@att.net



AUTOMATIC BANK DRAFT AUTHORIZATION FORM

Printed customer name(s) shown on No. Covington Water Assoc. Account Statement

North Covington Water Association Account Number

Service Address

Mailing Address (If Different)

City

State

Zip Code

Bank Name

Name(s) listed on Bank Account

Bank Routing Number

Account Number

Phone Number(s) (Cell)

(Home)

Check one: ☐ Checking Account

☐ Savings Account

I authorize North Covington Water Association to debit (draft) the account identified above each month for the amount of services billed on my water utility account. Additionally, I authorize my financial institution identified above to debit the same amounts from my account. I understand that this authorization will be in effect until I notify North Covington Water Association and my bank, in writing, that I no longer desire this service. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my utility account. If any such electronic debit(s) should be returned by my financial institution as unpaid (Non-sufficient or Uncollected Funds), I authorize North Covington Water Association to collect a returned item fee of \$30.00 (or the maximum amount allowed by state law) per item by electronic debit from the same account identified above.

I understand and authorize all of the above.

Authorized Signature: _____ Date: _____

PLEASE PROVIDE A VOIDED CHECK WITH THIS COMPLETED FORM.
EMAIL FORM TO: ncwa0131@att.net