

ACL Water Association, Inc.  
1182 Hwy 43 South  
Pelahatchie, MS 39145-3238  
[aclwaterinc@aol.com](mailto:aclwaterinc@aol.com)  
601-546-2322

Acct: \_\_\_\_\_

**Authorization Agreement for Electronic Fund Transfer**

Name \_\_\_\_\_

Financial Institution \_\_\_\_\_

Phone \_\_\_\_\_

ABA Routing Number \_\_\_\_\_

Address \_\_\_\_\_

Account No. \_\_\_\_\_

City \_\_\_\_\_

Checking Account \_\_\_\_\_ Savings Account \_\_\_\_\_

Beginning Date \_\_\_\_\_

I hereby authorize ACL Water Association, Inc. to initiate entries and adjustments, to the account(s) listed above. This authority will remain in effect until terminated. ACL Water Assn., Inc. will be notified by me in writing to cancel any transactions in sufficient time to give ACL Water Assn., Inc. a reasonable opportunity to stop the transfer. I understand that both the financial institution and ACL Water Assn., Inc. reserve the right to terminate this payment plan or my participation therein. In addition, I authorize ACL Water Assn., Inc. to deduct the current meter reading fee.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date