



# SHORT COLEMAN PARK WATER ASSOCIATION

1341 Constitution Drive  
PO Box 87, Iuka, MS 38852  
662-424-0017

## Consumer Authorization for Direct Payment via ACH

I authorize Short Coleman Park Water Assn. to electronically debit my account, on or around the 15<sup>th</sup> of each month, as follows:

Bank Name \_\_\_\_\_

Bank Routing # \_\_\_\_\_

Bank Account # \_\_\_\_\_

SCPWA Account # \_\_\_\_\_

Amount of debit or method of determining amount of debit:

\_\_\_\_\_

I understand that this authorization will remain in affect until I notify SCPWA via written or phone request that I wish to revoke this authorization. I understand that SCPWA requires at least 5 days prior notice in order to cancel this authorization.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_