

# Harmony Water Association, Inc.

P.O. Box 342

Quitman, MS 39355

Phone: (601) 776-2593 Fax: (601) 776-5020

## BANK DRAFT FORM

I, \_\_\_\_\_, authorize \_\_\_\_\_ to charge my  
(Customer Printed Name) (Bank Name)

(circle one) checking / savings account number \_\_\_\_\_ on  
(Bank Account Number)

the 10<sup>th</sup> day of each month for the amount of my monthly bill and credit my  
account number \_\_\_\_\_ with Harmony Water Association,  
(Customer's 9-digit H.W. acct no.)

beginning \_\_\_\_\_.  
(MM/DD/YYYY)

**\*\*MUST ATTACH A VOIDED CHECK\*\***

Customer Signature \_\_\_\_\_

Customer Contact # \_\_\_\_\_

Employee Signature \_\_\_\_\_