

Harmony Water Association
118 Long Blvd.
POST OFFICE BOX 342
QUITMAN, MS 39355



Phone: (601) 776-2593

Fax: (601) 776-5020

Email: harmonywater2@gmail.com

Website: <https://harmonywater.myruralwater.com>

BANK DRAFT FORM

DATE: _____

NAME ON HARMONY WATER ACCOUNT* HARMONY WATER ACCT NO.

*This form should be placed in the HWA Member's file upon verification.

I, _____, authorize Harmony Water Association to charge the amount of my
(Bank Acct Holder Printed Name)

monthly water bill against my _____
(Name of Banking Institution)

(circle one) checking / savings account number _____ on the 10th day of
(Bank Account Number)

each month, beginning _____.
(MM/DD/YYYY)

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

Bank Acct Holder Signature _____

Bank Acct Holder Phone No. _____

Received and Entered by: _____
Receiving Employee Signature (include Date/Time)

Entry Verified by: _____
Verifying Employee Signature (include Date/Time)