



UTILITY DEPARTMENT
P.O. BOX 509
WAVELAND, MS 39576
228-467-9248 OFFICE
228-467-9845 FAX

Authorization Agreement for Automatic Debits (ACH) / Bank Draft

Name _____

Address _____

Mailing address (if different) _____

Name on Utility Account _____

Phone # _____

Utility Account # _____

Name as it appears on account _____

Name of Bank _____

Routing # _____

Account # _____

Authorized by _____ Date _____

Please complete form and mail or fax to the City of Waveland. Voided check required.

*** Please note that all returned payments will result in a \$40.00 NSF charge***