

RAPIDES ISLAND WATER ASSOCIATION, INC.

**P O Box 458
Boyce, LA 71409
PH #318-793-4812
FAX #318-793-4823**

I (we) hereby authorize RAPIDES ISLAND WATER ASSN., INC., hereinafter referred to as RIWA, to initiate monthly debit entries to my (our) ___Checking ___Savings (select one) account indicated below, for payment of the RIWA accounts listed below, and the Financial Institution named below, hereinafter called BANK to debit same to such account.

BANK NAME: _____

BANK ADDRESS: _____

BANK ACCOUNT NUMBER: _____

BANK ACCOUNT HOLDERS NAME (PRINT): _____

BANK ACCOUNT HOLDERS SIGNATURE: _____

BANK ROUTING NUMBER: _____

YOUR ACCOUNT WILL BE DRAFTED ON THE 10TH OF EVERY MONTH OR THE FIRST BANKING DAY AFTER THE 10TH.

This authority is to remain in full force and effect until RIWA and BANK has received written notification from me (or either of us) of its termination in such time and in such manner as to afford RIWA and BANK a reasonable opportunity to act on it.

RIWA ACCOUNT NAME(S): _____

RIWA ACCOUNT NUMBER(S): _____

DATE: _____

PLEASE REMEMBER TO ATTACH A BLANK VOIDED CHECK



"THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER."