

**Boyle Skene Water  
PO BOX 475  
Boyle, MS 38730  
662-843-2320**

**BANK DRAFT AUTHORIZATION**

**Customer Information**

Name (as it appears on water bill) \_\_\_\_\_

Account Number \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Number \_\_\_\_\_

**Bank Information**

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

Bank Routing Number \_\_\_\_\_

Bank Account Number \_\_\_\_\_

Bank Phone Number \_\_\_\_\_

Bank Address \_\_\_\_\_

Name (as is appears on bank account) \_\_\_\_\_

Signature \_\_\_\_\_

I authorize Boyle Skene Water to draft my account monthly on the due date for my water bill. If funds are not available I agree that my services will be disconnected and I will be assessed a returned check fee and a reconnection fee. In the event there is an error in posting I authorize Boyle Skene water to debit/credit corrections to my account.

**RETURN WITH A VOIDED CHECK**