

SAPA WATER ASSOCIATION – BANK DRAFT AUTHORIZATION FORM

NAME ON WATER BILL \_\_\_\_\_

WATER BILL ACCOUNT NUMBER \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

SERVICE ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

BANK NAME \_\_\_\_\_

BANK ABA/ROUTING NUMBER \_\_\_\_\_

BANK ACCOUNT NUMBER \_\_\_\_\_

I AUTHORIZE SAPA WATER ASSOCIATION TO DEDUCT MY WATER BILL FROM THE BANK ACCOUNT LISTED ON THE ENCLOSED VOIDED CHECK. I UNDERSTAND THAT I WILL CONTINUE TO RECEIVE A WATER BILL AND THAT I HAVE THE RIGHT TO QUESTION THE AMOUNT OF MY BILL. IF I QUESTION THE AMOUNT OF THE BILL, I WILL CONTACT SAPA WATER ASSOCIATION AT [sapawaterassociation@gmail.com](mailto:sapawaterassociation@gmail.com) or 662-341-0673 BY THE 1<sup>ST</sup> DAY OF THE MONTH THAT BILL IS DUE. MY ACCOUNT WILL NOT BE DRAFTED UNTIL ON OR AFTER THE 12<sup>TH</sup> DAY OF THE MONTH.

IF THE DRAFT IS REJECTED DUE TO INSUFFICIENT FUNDS, CLOSED ACCOUNT, OR ANY OTHER REASON, I WILL BE CHARGED A \$30.00 RETURNED DRAFT FEE. IF DRAFT IS REJECTED DUE TO ERROR BY SAPA WATER ASSOCIATION, I WILL NOT BE CHARGED THE FEE. THE ASSOCIATION RESERVES THE RIGHT TO TERMINATE MY PARTICIPATION IN BANK DRAFTING IF MY PAYMENT IS REJECTED MORE THAN ONCE WITHIN 12 CONSECUTIVE MONTHS.

I HAVE THE RIGHT TO CANCEL THIS PROGRAM AT ANY TIME, BY MAILING A NOTICE TO SAPA WATER ASSOCIATION BY THE 1<sup>ST</sup> DAY OF THE MONTH IN WHICH I WANT THE DRAFT STOPPED.

BEGINNING DATE OF DRAFT \_\_\_\_\_ (MM/YEAR)

\_\_\_\_\_  
SIGNATURE

DATE

WATER BILL ACCOUNT NUMBER

RETURN THIS FORM TO:

SAPA WATER ASSOCIATION

PO BOX 756

EUPORA, MS 39744

\*PLEASE ATTACH/ENCLOSE VOIDED CHECK.