

**KILN UTILITY & FIRE DISTRICT
OF HANCOCK COUNTY
P. O. BOX 508
KILN, MISSISSIPPI 39556-0508**

Authorization Agreement for Automatic Debits (ACH Debits)

I (we) hereby authorize **Kiln Utility & Fire District**, hereinafter called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) ()**CHECKING** ()**SAVINGS** account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to debit and/or credit the same to such account.

Your account will be debited on the 5th of the month.

DEPOSITORY (BANK) NAME _____
CITY _____ STATE _____ ZIP _____
TRANSIT/ABA NUMBER _____ ACCOUNT NUMBER _____

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

NAME(S) _____ I.D No. _____
(Kiln Utility Account No.)
DATE _____ SIGNED _____
PHONE # _____

MUST be returned with a voided or copy of a check from this checking/savings account.