Wallerville Water Association, Inc.
1534 CR 107
New Albany, MS 38652

DEBIT AUTHORIZATION

I (we) hereby authorize Wallerville Water Association, Inc., hereinafter called COMPANY, to initiate Debit entries to my (our) account indicated below and the financial institution named below, herein after called FINANCIAL INSTITUTION, to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

Primary Account/ Debit for Payment:

_____
(Financial Institution)   **(Branch)**

_____
(Address)   **(City, State)**   **(Zip)**

_____   Type of Account (   ) Checking
(Routing Number)   **(Account Number)**   (   ) **Savings**

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 manner as to afford COMPANY and opportunity to act on it.

RETURN DRAFT/CHECK DISCLAIMER: When you sign up for monthly draft payments, you authorize us to use information from your voided check to make a monthly payment by electronic fund transfer from your checking/savings account according to the balance of your water account. If there are insufficient funds in your checking account, you authorize us to charge a Returned Payment Fee in the amount set forth below and collect that amount through and electronic funds transfer from your checking/savings account, if permitted by applicable law. If your payment is returned unpaid by the bank, we may, if permitted by applicable law, charge a Return Payment Fee of $40.00 in MS. Effective, July 1st, 2010, each returned item received by Wallerville Water Association, Inc. due to insufficient funds will be electronically represent to the presenters' bank no more than two times in an effort to obtain payment. Wallerville Water is not responsible for any additional bank fees that will accrue to tot the resubmission of the returned item.

_____   _____
(PRINT INDIVIDUAL NAME)   **(SIGNATURE)**

_____   _____
(PRINT INDIVIDUAL ACCOUNT NUMBER/ SERVICE ADDRESS)   **(DATE)**

PLEASE ATTACHED VOIDED CHECK TO THIS FORM

(VOIDED CHECK HERE)