

DIRECT DEPOSIT AUTHORIZATION

Variable Amount/Date

I (we) hereby authorize Magnolia Plantation Water Systems, Inc., hereinafter called "Company", to initiate debit entries to my (our) account and financial institution listed below.

Financial Institution Name		Branch	
_____		_____	
Address	City/State	Zip	
_____	_____	_____	
Routing & Transit Number	Account Number	Type of Account (Check one)	
_____	_____	<input type="checkbox"/> Checking/Draft <input type="checkbox"/> Savings/Share	

Amount/Range to Debit	Date to Debit	Recurrence (Check one)				
_____	Due Date _____	<input type="checkbox"/> Monthly	<input type="checkbox"/> Bi-Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> One Time	<input type="checkbox"/> Quarterly

I (we) understand that should the regularly scheduled debit amount vary above the set range, we will receive written notification of the new amount no later than ten (10) calendar days before the scheduled transfer date. If the scheduled date of the debit changes (other than for a weekend or holiday where the debit shall occur on the following banking date), I (we) will receive written notice no later than seven (7) calendar days before the new scheduled transfer date.

This authority shall remain in effect until "Company" has received written notification from me (us) of its termination in such a time and in such a manner as to afford "Company" a reasonable opportunity to act on it.

Account Holder Signature	Printed Name of Account Holder	Date
_____	_____	____/____/____



Customer Number: _____

Customer Name: _____

Customer Address: _____
