

AUTHORIZATION AGREEMENT FOR ACH TRANSACTIONS

CHECK AND COMPLETE ONLY THE TRANSACTION REQUESTED.

ACH CREDIT - DEPOSIT

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

ACH DEBIT - PAYMENT

I (we) hereby authorize PASCAGOULA UTILITIES, 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 account indicated below and depository named below, hereinafter called DEPOSITORY. to debit and/or credit the same to such account.

COMPANY NAME PASCAGOULA UTILITIES
COMPANY ID FED ID - 64-6000949
BANK DEPOSITORY NAME _____
BANK BRANCH _____
CITY _____ **STATE** _____ **ZIP** _____
TRANSIT/ABA NO (ROUTING NO) _____
BANK ACCOUNT NO. _____

This authority is to remain in force and effective 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) (PLEASE PRINT) _____
DATE _____ **ID or SOCIAL SECURITY NO** _____
SIGNATURE _____
UTILITY ACCT NO _____ **UTILITY CUST NO** _____

PLEASE INCLUDE A VOIDED CHECK WITH FORM.

Return this form to:
Pascagoula Utilities
PO Drawer 908, Pascagoula, MS 39568-0908