

LOCATION # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DATE RECEIVED \_\_\_\_/\_\_\_\_/\_\_\_\_

WATER ACCT # \_\_\_\_\_

MONTH OF FIRST DRAFT \_\_\_\_/\_\_\_\_

**FOR BANK DRAFT AUTHORIZATION  
PLEASE COMPLETE GRAY AREA,  
ATTACH VOIDED CHECK  
& RETURN TO:**

CITY OF McCOMB / ATTN. WATER BILLING  
PO BOX 667  
McCOMB, MS 39649-0667

NAME ON WATER ACCT \_\_\_\_\_

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

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

CITY OF BANK \_\_\_\_\_

NAME ON CHECKING ACCT \_\_\_\_\_

CHECKING ACCT # \_\_\_\_\_

YOUR SIGNATURE \_\_\_\_\_

YOUR PHONE # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**PLEASE NOTE! ATTACH VOIDED CHECK HERE**

