

ESKRIDGE ROSE HILL WATER ASSOCIATION

P O BOX 220, DUCK HILL MS 38925

I, _____, give Eskridge Rose Hill Water Association permission to draft my

Checking account # _____, Routing Number _____ (Bank Name: _____)

_____ for my monthly bill . I am attaching a voided check to ensure the right

Account Number and Routing number are used.

Customer Signature

Date