

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