

City of Ocean Springs, Mississippi

City Hall:
1018 Porter Avenue
Ocean Springs, MS 39564-4750

Mailing Address:
P.O. Box 1890
Ocean Springs, MS 39566-1890

Water Department

Phone: (228) 875-4176
Fax: (228) 875-7249

AUTHORIZATION AGREEMENT FOR ACH TRANSACTIONS

Name on Service Address Account: _____

Service Address(es): _____

Service Address Account Number(s): _____ Phone Number: _____

Check and complete only the transaction requested.

ACH DEBIT - PAYMENT FROM **CHECKING** ACCOUNT

I (we) hereby authorize *CITY OF OCEAN SPRINGS*, 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 the depository named below, hereinafter called BANK, to debit and/or credit the same to such account.

ACH DEBIT - PAYMENT FROM **SAVINGS** ACCOUNT

I (we) hereby authorize *CITY OF OCEAN SPRINGS*, 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) SAVINGS account indicated below and the depository named below, hereinafter called BANK, to debit and/or credit the same to such account.

Complete all information

Bank Name: _____

City: _____ State: _____ Zip: _____

Transit/ABA #: _____

Account #: _____

Name (Please Print): _____

Date: _____ ID Number/SSN: _____

Signature: _____

**** PLEASE ATTACH A COPY OF A VOIDED CHECK ****
PAYMENTS ARE DRAFTED BETWEEN THE 9th AND 15th OF THE MONTH