

**RANKIN COUNTY WASTE MANAGEMENT FUND  
DRAFT AUTHORIZATION**

P O BOX 1898  
BRANDON MISSISSIPPI 39043  
(601) 825-9213

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NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ ACCOUNT#: \_\_\_\_\_  
\_\_\_\_\_

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**DRAFT AUTHORIZATION**

Current Financial Institution:

BANK NAME: \_\_\_\_\_

BANK ADDRESS: \_\_\_\_\_

BANK CITY, STATE & ZIP: \_\_\_\_\_

BANK ACCOUNT NUMBER: \_\_\_\_\_

**TYPE OF ACCOUNT:** (PLEASE CHECK ONE)

CHECKING       SAVINGS       NOW       SHARE DRAFT

**QUARTERLY RATE:** (PLEASE CHECK ONE)

REGULAR QUARTERLY RATE \$ 42.00

OVER 65 YEARS OF AGE \$ 21.00

\*\* PLEASE INCLUDE A COPY OF A DRIVERS LICENSE OR BIRTH  
CERTIFICATE TO GET THIS RATE.

DISABLED \$ 21.00

\*\* PLEASE CALL THE OFFICE AT 825-9213 TO GET THIS RATE.

Please pay and charge my account all drafts drawn by the Rankin County Waste Management Fund once each calendar quarter for the above checked rate beginning next calendar quarter. This authorization will remain in effect until cancelled by me in writing and until you actually receive notice, I agree that you shall be fully protected in honoring such a draft. I agree that your treatment of any such draft, and your rights with respect to the draft, shall be the same as if it were signed personally by me.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**PLEASE ATTACH A CANCELLED OR VOIDED CHECK WITH THIS FORM.**