

PIKE COUNTY SOLID WASTE  
DEBIT AUTHORIZATION FORM  
P.O. DRAWER 29  
MAGNOLIA MS 39685  
PHONE: 601.783.4192  
FAX: 601.783.4188  
Email: bobbiem@co.pike.ms.us

**DEBIT AUTHORIZATION FORM**

I (we) hereby authorize Pike County, Mississippi, (THE COUNTY) to initiate entries from my checking or savings account at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions debited in error. This authority will remain in effect until (THE COUNTY) is notified by me (us) in writing to cancel draft in such time as to afford (THE COUNTY) AND (THE FINANCIAL INSTITUTION) a reasonable opportunity to act on request of cancellation. However, (THE COUNTY) will cancel the draft upon any (transactions returned for non-payment.)

Date: \_\_\_\_\_ Account No: \_\_\_\_\_

\_\_\_\_\_  
(Name of Financial Institution-Branch, City, State, & Zip code)

\_\_\_\_\_  
(Address of Financial Institution)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
(Name – Please Print)

\_\_\_\_\_  
(Address – Please Print)

Checking/Savings Account Number: \_\_\_\_\_

Financial Institution Routing number: \_\_\_\_\_  
(Look between these symbols [: :] on the bottom left of your check.)

Customer Phone No: \_\_\_\_\_

Draft Amount: \$14.00\*\* (Usually on the 10<sup>th</sup> of month, unless on a weekend or holiday, then draft will occur the next business day.

NOTICE: ANY CHANGE IN YOUR DRAFT INFORMATION MUST BE MADE BY THE 15<sup>TH</sup>; NO EXCEPTIONS.