

**Moon-Hines-Tigrett Operating Co., Inc.**  
**P. O. Box 3216**  
**Ridgeland, MS 39157**  
**Phone: 601-572-8300/Fax: 601-572-8311**

***AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS***

I hereby authorize Moon-Hines-Tigrett Operating Co., Inc.(MHT) to initiate credit entries to our account via EFT (Electronic Funds Transfer). This will remain in effect until Owner provides written notification to MHT of termination. Please deposit payments to my account information listed below:

Please print clearly to avoid mistakes

**OWNER NAME:** \_\_\_\_\_

\_\_\_\_\_

**SOCIAL SECURITY OR TAX IDENTIFICATION NUMBER:** \_\_\_\_\_

**OWNER CODE(Top left corner of current Revenue Check):** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**EMAIL ADDRESS (REQUIRED for check stub detail ):** \_\_\_\_\_

\_\_\_\_\_

**BANK INFORMATION:**

**TYPE OF ACCOUNT (Check one):**     Checking     Savings

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

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

**ACCOUNT NAME:** \_\_\_\_\_

**BANK ROUTING NUMBER (ABA):** \_\_\_\_\_

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

**OWNER SIGNATURE:** \_\_\_\_\_

Return this form by mail to address above or by fax to: 601-572-8311. Any questions concerning this form, please contact Tiffany Smith by phone at (601) 573-8300 or by email: [tsmith@mhtonline.com](mailto:tsmith@mhtonline.com).

**PLEASE ATTACH A VOIDED CHECK TO THIS DOCUMENT**