AUTHORIZATION AGREEMENT FOR RESTRICTED (ACH DEBITS)

COMPANY NAME	Madison County Board of Supervisors			
ADDRESS	125 West North Street			
	Canton, MS 39046			
below and further aut			t entries to our bank account indicated inafter called PAYOR BANK, to	
PAYOR BANK NAME	Renasant Bank			
ADDRESS 1069 H	lighland Colony Parkway	_		
CITY <u>Ridgeland</u> S	TATE MS ZIP 39157	_		
ABA NUMBER A		_ ACCT	ACCT NUMBER	
Please maintain this a writing.	authority in full force and effec	t until we	e revoke or change this agreement in	
NAME (PLEASE PRI	NT) Sheila Jones			
TITLE	 _President-Board of Superviso	ors		
SIGNED		_		
DATE	···	_		
*****VERIFICAT	ON TO BE COMPLETED BY	' PAYOF	R BANK – DO NOT DETACH*****	
ABA/TRANSIT ROL	JTING NUMBER		ACCT NUMBER	
Please include only re	equired dashes in account nun	nber.		
PAYOR BANK		- · · · · · · · · · · · · · · · · · · ·		
AUTHORIZED SIGNE	ER (PLEASE PRINT)			
TITLE				
SIGNED		<u>.</u>	Please return completed form to:	
DATE			Kelly Roble kelly.roble@umr.com	
PHONE NUMBER			715-841-7384	
			Updated 9/02	