

DEBIT AUTHORIZATION

I (we) hereby authorize the Town of Tellico Plains, hereinafter called Company, to initiate entries debit entries to my (our) account indicated below and the financial institution named below, hereinafter called Financial Institution, to debit the same to such account for collection of my water bill. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution

Routing Number

Account Number

Type of Account: _____ Checking _____ Savings

If the debt is recurring and the date of debt is on a non-banking day, the debt will be posted to your account the next banking day and will not be posted to your account prior to the authorized date. I hereby authorize the Town of Tellico Plains to draft the account listed on this authorization form and signed personally by me.

I attest I am the authorized owner of the Depository Account listed on this form and am exercising my power as such. I hereby authorize my water bill(s) to be paid by my bank on the 15th of each month following the date this form is signed.

This authority is to remain in full force and effect until the Company has received written notification from me (or either of us) of its termination in such time and manner as to afford Company and Financial Institution a reasonable opportunity to act on it, OR I (we) receive written notification from Company of its termination due to 3 ACH returns within a year, in such time and manner as to afford I (or either of us) a reasonable opportunity to make other payment arrangements.

Print or Type Individual Name

Water Account Number

Signature

Phone Number

Date

PLEASE ATTACH A VOIDED CHECK HERE