

North Utility District of Rhea County

Authorization Agreement for Direct Payments (ACH Debits)

I, _____ (print name), hereby authorize North Utility District of Rhea County and the financial institution named below to initiate debit entries to my checking/savings account, and if necessary initiate adjustments for any transaction credited/debited in error. This authority will remain in effect until I notify North Utility District of Rhea County in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 business days before my account is charged. I can have the amount of an erroneous charge immediately credited to my account up to 15 days following issuance of my financial institution statement or 60 days after posting, whichever occurs first.

Financial Institution Name: _____

Address of Financial Institution (Street) (City) (State) (Zip)

Routing Number _____ Checking or _____ Savings Account Number

Start Date: _____ for recurring monthly payments. *Should normal payment date occur on a weekend or holiday, the debit will occur on the next available business day.

Amount: _____ *Amount of bill determined by current rates and monthly usage. Notification of debit amount will be issued no less than 10 days prior to the date of the debit.

Name (Please Print): _____

Address – Please Print (Street) (City) (State) (Zip)

Signature Date

Note: In the case of revoked authorization, all written authorizations must be revoked only by notifying the North Utility District of Rhea County in writing 15 days minimum before the next scheduled debit date.

Customer Utility Accounts: _____

***Please attach copy of Voided Check to this form