

Debit Authorization



3 Four Way Inn Lane
Carthage, TN 37030
615-735-9112

ACCT# _____ DATE _____

NAME ON ACCOUNT _____

I/We hereby authorize **Cordell Hull Utility District** to initiate DEBIT entries to my/our account indicated above and the financial institution named below. I/We acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. law.

Financial Institution _____

Branch _____

Address _____

City/State/Zip _____

Routing Number _____

Account Number _____

Type of Account _____ Checking _____ Savings

Amount (or how amount is determined): **Amount of Monthly Bill/Water Usage**

Frequency (Weekly, Monthly, etc.): **Monthly** Start Date (if recurring): _____

Date of Debit(s): **10th of every month**

If the debit is recurring and the date of the debit falls on a non-banking day, the debit will hit your account on the next banking day and will not hit your account prior to the authorized date.

(Note: For varying amounts the company must send, based on the *NACHA Operating Rules*, written notification of the amount and the date on or after which the transfer will be debited at least ten calendar days in advance of the debit. If the date varies the *Rules* state that the Originator must send the Receiver notification of new date at least seven calendar days in advance of the debit.)

This authority is to remain in full force and effect until Company has received written notification from me (or either of us) or describe your process for revocation of the authorization of its termination in such time and manner as to afford Company and Financial Institution a reasonable opportunity to act on it.

Print or Type Individual Name _____

Signature _____

Date _____

ATTACH VOIDED CHECK HERE