

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

SIGNING UP IS EASY! Simply fill out this form and either fax or bring a voided check, along with the completed form, by our office. Send faxes to : (423) 638-3140

Note: You will receive a bill as normal, but your payment will be automatically deducted from your account **within two (2) days of the due date.**

The GREENEVILLE WATER COMMISSION, Company ID number 626000299.

I (We) hereby authorize the GREENEVILLE WATER COMMISSION, Hereinafter called Company, to initiate debit entries to MY(OUR) _____Checking Account _____Savings Account (one selected) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (WE) acknowledge that the origination of ACH transactions to my (our) account must comply with the provision of the US law. **Transaction will take place at the bank two (2) working days prior to the normal penalty or due dates, debit will be for the amount on the monthly statements.**

Depository Name_____Branch_____

City_____State_____Zip_____

Routing Number_____Account Number_____

The Authorization is to remain in full force and effect until COMPANY has written notification from me (or either of us) of its termination in such time and in such manner as to avoid COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s)_____ID Number_____

(Please Print)

Date_____Signature_____

Acct. #_____

NOTE: All debit authorizations Must provide that the receiver may revoke the authorization only by the originator in the manner specified in the authorization, Depository must maintain adequate balance or ACH privileges will be revoked by the COMPANY.

The Greeneville Water Commission