

DEBIT AUTHORIZATION

I (we) hereby authorize Blountville Utility District of Sullivan County, hereinafter called Company, to initiate 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 (Application). I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law and when applicable the *NACHA Operating Rules and Guidelines*.

Routing Number

Account Number

Name of Bank

***Please Attach Copy of Voided Check to This Form.**

Effective Next Billing Cycle

Date of Debit (s): **22nd of each month.**

If 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. **Any Changes must be made 30 days in advance.**

Address

City/State/Zip

(_____) _____
Phone Number

Print or Type Individual Name

Signature

Date

UTILITY' USE ONLY

Customer's Utility Account # _____

Date received: _____ By: _____