

CONSUMER AUTHORIZATION FOR DIRECT PAYMENT VIA ACH (ACH DEBITS)

Direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment.

I (we) authorize **Water Authority of Dickson County** to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) as follows:

Checking Account / Savings Account (select one) at the depository financial institution named below.

I (we) agree that the ACH transactions I (we) authorize comply with all applicable law.

Depository Name _____

Routing Number _____ Account Number _____

Customer's Utility Account Number: _____

Amount of debit(s) or method of determining amount of debit(s) or specify range of acceptable dollar amounts authorized: Amount of Utility Bill.

Frequency of debit(s): Once per Month.

I understand that in the event that my account is insufficient to cover the monthly payment amount drafted, a \$20.00 fee will be assessed to my account in addition to the monthly payment due.

I (we) understand that this authorization will remain in full force and effect until I (we) notify **Water Authority of Dickson County** in writing that I (we) wish to revoke this authorization.

I (we) understand that **Water Authority of Dickson County** requires at least 10 day prior to the due date of monthly billing in order to cancel this authorization.

Name(s): _____

Name as shown on bank account –Please print

Signature: _____

Phone Number: _____ Date: _____

Please include a voided check with this form, if applicable.