

ADAMS CEDAR HILL WATER SYSTEM
AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize Adams Cedar Hill Water System, hereinafter called ACHWS, to initiate a debit/credit entry to my (our) _____ Checking Account _____ Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit/credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. **Draft date is the 7th of the month or the next business day.**

Depository

Name _____ Branch _____

City _____ State _____ Zip _____

Routing Account
Number _____ Number _____

This authorization is to remain in full force and effect until ACHWS has received verbal or written notification from me (or either of us) of its termination in such time and in such manner as to afford ACHWS and DEPOSITORY a reasonable opportunity to act on it.

Customer must give ACHWS a 15 day notice for changes or termination.

Name(s) _____ Account Number _____
(please print)

Address _____ City _____

Date _____ Signature _____

NOTE: DEBIT/CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

ATTACH VOIDED CHECK

Adams Cedar Hill Water System P.O. Box 69 Adams, TN 37010