

WEST ROBERTSON WATER AUTHORITY

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize West Robertson Water Authority, hereinafter called WRWA, 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 (your bank or financial institution)

Bank Name _____ Branch _____
City _____ State _____ Zip _____
Routing Number _____ Account Number _____

This authorization is to remain in full force and effect until WRWA 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 WRWA and DEPOSITORY a reasonable opportunity to act on it.

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

Name(s) _____ Account Number _____
(please print)
Address _____ City/State/Zip code _____
Date _____ Signature _____

Your account will be debited the amount that is stated on your bill.

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

RETURN AUTHORIZATION FORM & VOIDED CHECK TO: office@wrwatn.com

Mail to:

WEST ROBERTSON WATER AUTHORITY
P.O. BOX 69
ADAMS, TN 37010