

***SUBMIT BY THE 20th OF EACH MONTH

Dandridge Water Dept ACH Draft Banking Authorization

(Name- Please Print)

(Water a/c #)

(Service Address - Please Print)

I authorize the Dandridge Water Dept and the financial institution named below to initiate entries to my checking/savings accounts, and if necessary, initiate adjustments for any transactions credited in error. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged. I can have the amount of an erroneous charge immediately credited to my account up to 10 days following issuance of my monthly water bill.

(Name of financial institution)

(Address of financial institution)

(Street)

(City)

(State)

(Zip Code)

(Signature)

(Date)

Checking a/c # _____

(or) Savings a/c # _____

Financial Institution Routing # _____

NOTE: IN THE CASE OF REVOKED AUTHORIZAZATION, ALL WRITTEN AUTHORIZATIONS MUST BE REVOKED ONLY BY NOTIFYING THE DANDRIDGE WATER DEPT IN WRITING NO LATER THAN 15 DAYS BEFORE THE NEXT TRANSACTION EFFECTIVE DATE. A FEE OF \$25.00 WILL BE IMPOSED ON ANY TRANSACTION NOT HONORED BY YOUR FINANCIAL INSTITUTION.