TOWN OF BYRDSTOWN WATER AND SEWER DEPARTMENT

109 WEST MAIN STREET BYRDSTOWN, TN 38549 PHONE: 931-864-6215 / WEB: www.byrdstownwater.com

CUSTOMER ACH AUTHORIZATION FORM

***This form MUST be accompanied by a Voided Check ***

NAME ON WATER BILL: (PLEASE PRINT)	PHONE #:
(PLEASE PRINT)	
SERVICE ADDRESS:	
WATER/SEWER BILL ACCOUNT #:	
NAME OF BANKING INSTITUTION:	
	(PLEASE PRINT)
BANK ADDRESS:	
CHECKING ACCOUNT INFORMATION:	
ROUTING #:	
CHECKING ACCOUNT #:	
BANK DRAFT DATE BEGINNING:15 th , thereafter.	and continuing monthly
	(SIGNATURE) (DATE)
I (We) understand that the Town of Byrdstown will initiate debit and/or credit entrouser for services rendered; and so authorize said entries as they occur. Depending upon will be deducted from your account on the 3 rd for in-town billing and the 15 th for on a weekend, the draft will be the next business day. I (We) understand that char maintains this checking/savings account will constitute grounds for cancellation or Town of Byrdstown water and sewer services plus any bank charges incurred will You are hereby authorized to draw drafts of ACH debits or issue ACH credits on the by me (us) at the above named financial institution. This authorization shall remain Byrdstown has received written notification from me (us) that this authorization hallow the Town of Byrdstown to act. The undersigned represents and warrants to the executing this Release is an authorized signatory on the Account referenced above Account Owner is true and correct.	your billing cycle, these debit/credit entries out-of-town billing. If this date happens to fall ges declined by the financial institution which if service and that all charges incurred for the be subject to collection procedures. The date listed above on the account maintained in in effect unless and until the Town of as been terminated in such time and manner to the Town of Byrdstown that the person
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Account Owner Signature	Date