

**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** ***

Corporate (CCD) **Consumer (PPD)**

NAME ON WATER BILL: _____ **PHONE #:** _____
(PLEASE PRINT)

SERVICE ADDRESS: _____

WATER/SEWER BILL ACCOUNT #: _____

NAME OF BANKING INSTITUTION: _____
(PLEASE PRINT)

BANK ADDRESS: _____

CHECKING ACCOUNT INFORMATION:

ROUTING #: _____

CHECKING ACCOUNT #: _____

ACCOUNT HOLDER NAME: _____

BANK DRAFT DATE BEGINNING: _____ 15th, _____ **and continuing monthly thereafter.**

I (We) authorize the Town of Byrdstown to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) at the depository financial institution named above. I (we) agree that ACH transactions I (we) authorize comply with all applicable laws. I (we) agree that ACH transactions are for services rendered; and so, authorize said entries as they occur. If the transfer date happens to fall on a weekend, or holiday, the draft will occur on the next business day. I (We) understand that charges declined by the financial institution which maintains this checking/savings account above will constitute grounds for cancellation of service and that a \$28 service fee will be incurred and subject to collection procedures.

You are hereby authorized to draw drafts of ACH debits or issue ACH credits on the date listed above on the account maintained by me (us) at the above-named financial institution. I (we) understand that The Town of Byrdstown requires at least 3 days' prior notice to cancel this authorization. The undersigned represents and warrants to the Town of Byrdstown that the person executing this Release is an authorized signatory on the Account referenced above and all information regarding the Account and Account Owner is true and correct.

Account Owner Signature

_____/_____/_____
Date