

Town of Spring City

Mayor – Woody Evans
 Vice Mayor – Reba Murphy
 Commissioner – Leon Locke
 Commissioner – Jody Bauer
 Commissioner – Kevin Jenkins

City Manager – Stephanie Motes
 City Recorder – Brenda Dodson
 Public Works – Jason Yuhus
 Public Safety – Jason Lawson

ACH DEBIT AUTHORIZATION FORM

AUTHORIZATION AGREEMENT – FOR PRE-ARRANGED PAYMENTS (ACH DEBITS)

COMPANY NAME: TOWN OF SPRING CITY
I (WE) HEREBY AUTHORIZE: TOWN OF SPRING CITY WATERWORKS

hereinafter called COMPANY, to initiate debit entries to my (our) Checking or Savings account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

NOTE: THE DOLLAR AMOUNT SHOWING NET DUE ON THE CURRENT SPRING CITY WATERWORKS BILL WILL BE DRAWN FROM THE ACCOUNT INDICATED BELOW ON THE 12TH OF EACH MONTH. IF THE 12TH OF THE MONTH FALLS ON A WEEKEND, THE NET AMOUNT DUE WILL BE DRAWN ON THE NEXT BUSINESS DAY. THERE ALSO WILL BE A **.15(cents)** PROCESSING FEE ADDED TO THE CURRENT BILL DEBIT.

DISCLOSURE: IF THE ACH PAYMENT IS UNABLE TO BE PROCESSED DUE TO NON-SUFFICIENT FUNDS, THE TOTAL BILL AND A \$30 RETURNED PAYMENT FEE MUST BE PAID IN PERSON AT CITY HALL OR THE WATER SERVICE WILL BE DISCONNECTED WITHIN 5 DAYS OF NOTIFICATION.

DEPOSITORY NAME AND ADDRESS	TRANSIT/ABA NUMBER
CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/>	ACCOUNT NUMBER

This authority is to remain in full force and effect until COMPANY and DEPOSITORY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. I (or either of us) have the right to stop payment of a debit entry by notification to DEPOSITORY at such time as to afford DEPOSITORY reasonable opportunity to act on it prior to charging account. After account has been charged, I have the right to have the amount of an erroneous debit immediately credited to my account by DEPOSITORY, provided I (we) send written notice of such debit entry in error to DEPOSITORY within 15 days following issuance of the account statement or 30 days after posting, whichever occurs first.

PLEASE ATTACH A COPY OF A VOIDED CHECK FOR ACCOUNT VERIFICATION PURPOSES.

UTILITY BILLING ACCOUNT # _____

NAME (PLEASE PRINT)	NAME (PLEASE PRINT)
SIGNATURE DATE	SIGNATURE DATE