

# Town Of Spring City

Mayor – Leon Locke  
Vice Mayor – Jody Bauer  
Commissioner – Reba Murphy  
Commissioner – Kevin Jenkins  
Commissioner – Thomas Beaver



City Manager – Stephanie Motes  
City Recorder – Brenda Dodson  
Public Works Director – Kevin Hackler  
Police Chief – Roger Day  
Fire Chief – Kevin Hackler

## 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.

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

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 #** \_\_\_\_\_

<b>NAME (PLEASE PRINT)</b>	<b>NAME (PLEASE PRINT)</b>
<b>SIGNATURE</b> <b>DATE</b>	<b>SIGNATURE</b> <b>DATE</b>

P.O BOX 369 SPRING CITY, TENNESSEE 37381 PHONE 423-365-6441 FAX 423-365-6002