

PLEASANT VIEW UTILITY DISTRICT

P.O. BOX 129

PLEASANT VIEW, TN 37146

**AUTHORIZATION AGREEMENT
DIRECT PAYMENTS (ACH DEBITS)**

I (we) hereby authorize PLEASANT VIEW UTILITY DISTRICT, hereinafter called COMPANY, to debit entries to my (our) account indicated below and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION, to debit same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. I (we) also understand amounts returned for non-payment will be subject to the returned check charges imposed by COMPANY.

(Financial Institution Name)

Type of Acct: ___Checking

**Bank Routing/Transit Number and Account Number will be on Voided Check
attached below**

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Amount of debit will be determined by monthly water usage. You will receive a notice each month.

Date of Debit 10th of each month

If the debit is recurring and the date of the debit falls on a non-banking day, the debit will hit your accounts on the next banking day and will not hit your account prior to the authorized date.

(Service Address)

_____/_____-_____
(Account Number)

(Customer Number)

(Print Individual Name)

(Print Individual Name *if Two signatures are required*)

(Signature)

(Signature)

(Date)

(Date)

PLEASE ATTACH A VOIDED CHECK TO THIS FORM