



P.O. Box 129 – Pleasant View, TN 37146

DIRECT PAYMENTS (ACH DEBITS) AUTHORIZATION AGREEMENT

I (we) hereby authorize PLEASANT VIEW UTILITY DISTRICT, hereinafter called PVUD, 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 PVUD.

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

Amount of debit will be determined by monthly water/sewer usage. You will receive a notice each month. Date of Debit is the 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.

_____ Type of Account: ___Checking
(Financial Institution Name)

Routing Number: _____

Account Number: _____

I understand if the provided Routing and/or Account numbers are incorrect it will result in a returned payment and returned payment fees will be added to my bill.

Initial: _____

I understand if at the time of debit there are not sufficient funds or the account has been closed, locked, or frozen it will result in a returned payment and returned payment fees will be added to my bill. Repeated returned payments will result in PVUD discontinued ACH debits and/or credit/debit card payments for up to 1 year.

Initial: _____

(Service Address)

(PVUD Account Number)

(Customer Number)

(Print Name)

(Print Name if 2 signatures are required)

Signature & Date (___/___/___)

Signature & Date (___/___/___)