



CITY OF ALGOOD
P.O. Box 49215, 215 West Main Street
Algood, TN 38506
Phone: (931)537-9545 ♦ Fax: (931)537-9429

ACH DEBIT AUTHORIZATION

I (we) hereby authorize the City of Algood Utility Department, hereinafter called Company, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called Financial Institution, to debit the same to such account for monthly water usage bill. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution _____

City/State/Zip _____

Routing Number (9 Digits) _____ Account Number _____

Type of Account: _____ Checking _____ Savings

The amount to be debited will be determined by monthly water usage. The determined amount will be debited monthly on the 15th. If the date of the debit falls on a non-banking day, the debit will hit your account on the next banking day and will not hit your account prior to the authorized date.

You will continue to receive your bill each month. This will remind you to enter the payment into your banking records.

Should you need to make changes to the information provided, please contact City Hall, and allow 30 days for the changes to take effect.

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 a time and manner as to afford Company and Financial Institution a reasonable opportunity to act on it.

Print or Type Individual Name _____

Signature _____

Date _____

Utility Account Number _____

PLEASE ATTACH A VOIDED CHECK TO THIS APPLICATION FOR VERIFICATION OF ROUTING AND ACCOUNT INFORMATION.

PRENOTE CREATED BY: _____ DATE ENTERED _____