

**LBC UTILITY DISTRICT
PO BOX 27
LUTTRELL, TN 37779
865-992-8611 FAX: 865-992-9781**

DEBIT AUTHORIZATION

I (we) hereby authorize the LBC Utility District, hereinafter called LBC Utility, 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 (Application). I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

I understand that in the event my account has insufficient funds to cover the monthly payment amount drafted, a \$30.00 fee will be assessed and debited from my account in addition to the monthly payment due.

I attest, I am the authorized owner of the Depository Account listed on this form and am exercising my powers as such. I hereby authorize my water bill to be paid by my bank.

Financial Institution Branch

Address

City/State/Zip

Routing Number Account Number

Type of Account: _____ Checking _____ Savings

Amount (or how amount is determined): _____

Frequency (Weekly, Monthly etc.): _____ Start Date (if recurring): _____

Date of Debit(s): _____

If the debit is recurring and 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.

(Note: For varying amounts the company must send, based on the NACHA Operating Rules, written notification of the amount and the date on or after which the transfer will be debited at least ten calendar days in advance of the debit. If the date varies, the Rules state that the Originator must send the Receiver notification of new date at least seven calendar days in advance of the debit.)

This authority is to remain in full force and effect until LBC Utility District has (received written notification from me (or either of us) or describe your process for revocation of the authorization) of its termination in such time and manner as to afford LBC Utility and Financial Institution a reasonable opportunity to act on it.

Print or Type Individual Name

Signature

Date

Please Attach Copy of Voided Check to This Form

Debit Authorization

