

Authorization Agreement for Direct Payments (Ach Debits)

I (we) hereby authorize ___ _ North Stewart Utility District _____.

Hereinafter called North Stewart Utility District, to initiate debit entries to my (our) ___ Checking Account / ___ Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DISPOSITORY, and to debit the same to such account. I (we) acknowledge the origination of ACH transaction to my (our) account must comply with the provisions of U.S. law.

Depository Name: _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

This authorization is to remain in full force and effective until North Stewart Utility District has received written notification from me (or either of us) of its termination in such time and in such manner as to afford North Stewart Utility District and DEPOSITORY a reasonable opportunity to act on it. Written Notification must be sent to North Stewart Utility District 2361 Hwy 79 Dover, TN 37058.

Please Print Name(s): _____

ID Number: _____

Date: _____ Signature _____

NOTE: DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGNATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Payment will be deducted on 8th day of each month starting _____. If 8th falls on weekend deduction will be Friday before.

35.00 Service Charge to Non-Sufficient Funds.

