

**TOWN OF BYRDSTOWN
WATER AND SEWER DEPARTMENT**

109 WEST MAIN STREET
BYRDSTOWN, TN 38549
PHONE: 931-864-6215 / FAX: 931-864-6120

CUSTOMER ACH AUTHORIZATION FORM

This form **MUST** be accompanied by a **Voided Check**

NAME ON WATER BILL: _____ PHONE #: _____
(PLEASE PRINT)

SERVICE ADDRESS: _____

WATER/SEWER BILL ACCOUNT #: _____

NAME OF BANKING INSTITUTION: _____
(PLEASE PRINT)

BANK ADDRESS: _____

PLEASE SELECT ONE: CHECKING ACCOUNT SAVINGS ACCOUNT

ROUTING #: _____

CHECKING/SAVINGS ACCOUNT #: _____

I (We) understand that the Town of Byrdstown will initiate debit and/or credit entries to/from my (our) checking/savings account for services rendered; and so authorize said entries as they occur. These debit/credit entries will be initiated by the Town of Byrdstown on the 5th day of each month. I (We) understand that charges declined by the financial institution which maintains this checking/savings account will constitute grounds for cancellation of service and that all charges incurred for the Town of Byrdstown water and sewer services plus any bank charges incurred will be subject to collection procedures.

You are hereby authorized to draw drafts of ACH debits or issue ACH credits on the date listed above on the account maintained by me (us) at the above named financial institution. This authorization shall remain in effect unless and until the Town of Byrdstown has received written notification from me (us) that this authorization has been terminated in such time and manner to allow the Town of Byrdstown to act. The undersigned represents and warrants to the Town of Byrdstown that the person executing this Release is an authorized signatory on the Account referenced above and all information regarding the Account and Account Owner is true and correct.

_____ / / _____
Account Owner Signature Date