

# CHUCKEY UTILITY DISTRICT

## ACH Payment Authorization Form

I, \_\_\_\_\_, authorize Chuckey Utility District to charge my bank account indicated below in accordance with the district's alternate payment methods policy.

Please complete the following information concerning your account(s) with Chuckey Utility District:

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Service Address(es): \_\_\_\_\_  
\_\_\_\_\_

Account Number(s): \_\_\_\_\_

Please complete the following information concerning your account with your financial institution:

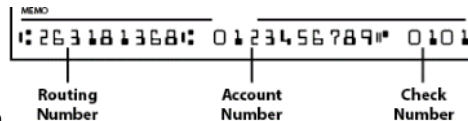
Institution Name: \_\_\_\_\_

City/State: \_\_\_\_\_  Checking  Savings

Name(s) on Account: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_



I understand that this authorization will remain in effect until I cancel it in accordance with the alternate payment methods policy. I understand that, because this is an electronic transaction, these funds may be withdrawn from my account as soon as the same date as noted in the alternate payment methods policy. In the case of rejection of payment by ACH, I understand that my account(s) with Chuckey Utility District will be removed from ACH should payments be returned more than two (2) times in a twelve-month period for any reason. I acknowledge that the origination of ACH transactions to my account(s) must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my financial institution so long as the transactions correspond to the terms indicated in this authorization form and in the alternate payment methods policy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_