

Tuckaleechee Utility District
Debit Authorization

I (we) hereby authorize Tuckaleechee Utility District to initiate debit entries to (my) our account indicated below and the financial institution named below. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the U.S. law.

Financial Institution

Address

City, State, Zip

Routing Number

Account Number

Type of Account _____

Checking
Savings

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

Print/Type Individual Name

Signature

Date

Print/Type Individual Name

Signature

Date

Service Address: _____

Service Account #: _____

Please attach a voided check to this form.