

## Authorization Agreement For Automated Clearing House Transactions (ACH Debits)

### ACH Authorization

I (we) hereby authorize Hart County Water and Sewer Authority hereinafter called HCWSA, to initiate electronic debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our)

(select one)

Checking  Savings account

Indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit and/or credit the same to such account.

### Bank Information

FINANCIAL INSTITUTION NAME:		Branch: (if applicable)	
City, State, ZIP:			
Transit/ABA No: ("Routing #")		Account #:	

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

Name(s):

*Please print*

Service Address:

HCWSA  
Account #:

Signature(s)

Date

CHECK ONE: I am not currently participating in the Automated Payment Program.  
 ADD – Debit the account shown.

I am currently participating in the Automated Payment Program.  
 CHANGE – Change financial institutions and/or account number.

TAPE VOIDED CHECK HERE  
[Voided check not necessary, but recommended]