

**Bedford County Utility District
P.O. Box 2755
Shelbyville, Tennessee 37162
(931) 684-1667
www.bcud.net**

AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED PAYMENTS

I (we) do hereby authorize the above named company, hereinafter referred to as "the company" to initiate debit entries to my (our) bank account indicated below, hereinafter called "Depository," and debit the same to such account.

Depository (Bank) Name _____

City _____ State _____ Zip _____

Routing Number _____ Account No. _____
(These numbers must be taken from a check -- **NOT A DEPOSIT SLIP**)

This authority is to remain in effect until the company has received **WRITTEN NOTIFICATION** from me (or either of us) of its termination in such time and in such a manner as to afford the company and bank of depository a reasonable opportunity to act upon it.

I understand I will receive my regular monthly bill and the amount shown on the bill will be debited on the due date each month. If my due date is on a weekend or holiday, my account will be debited the following business day. I understand if my debit is returned by the bank for insufficient funds, I will be charged a service fee and that it is my responsibility to contact the company and make arrangements to ensure payment. If the debit is returned "account closed" my service is subject to immediate disconnection.

If I have three (3) items returned in a twelve month (12) period, BCUD will no longer accept bank payments on my account.

Name(s) _____

Signature _____ Date _____

Signature _____ Date _____

Customer # _____ Telephone # _____

A VOIDED CHECK MUST BE ATTACHED TO THIS FORM