

Grayson Utility Commission

AUTHORIZATION FOR PAYMENT OF MONTHLY UTILITY BILL BY ACH DEBIT

I hereby authorize the Grayson Utilities Commission, hereinafter called COMMISSION, to initiate debit entries to my account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for the amount due on the following utility bill on the 15th of each month.

UTILITY BILL(S) INFORMATION

NAME

ACCOUNT NUMBER

If FINANCIAL INSTITUTION does not authorize transaction, notice will be mailed to member and late charges applied.

FINANCIAL INSTITUTION INFORMATION:

(Financial Institution Name)

(Branch)

(Address)

(City/State)

(Zip)

(Routing Number)

(Account Number)

Type of Acct: __Checking __Savings

(Customer Mailing Address)

(City/State)

(Zip)

(Customer Telephone Number)

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

(Print Individual Name)

(Signature/Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM!