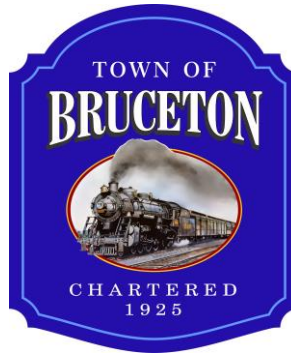


**ROBERT T. KEETON III**  
Mayor

**CLIFF STURDIVANT**  
Vice Mayor

**ANNIE HAND**  
Town Recorder



**ALDERMEN**  
James Butler  
Chris Cole  
Jack Blocker  
Renee Ford-Ward

## ACH Authorization for Direct Payments (ACH Debits) Town of Bruceton Utilities

Account Number

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Customer Name

---

City

State

Zip

---

Email Address

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I, (we) authorize the Town of Bruceton Utilities to electronically initiate debit entries to my (our) account indicated the financial institution name below, and if necessary, electronically credit my (our) account to correct erroneous entries. I (we) acknowledge that the origination of ACH transactions to my (our) account (my) comply with provision if US Law.

Financial Institution Name

---

Routing Number

---

Account Number

---

☒ Billed amount -- I understand that a bill will be sent to me (us) 10 calendar days before the payment is due.

Date and/or Frequency : Monthly on the 10<sup>th</sup> of each Month, or next business day.

This authorization is to remain in full force and effect until I (we) notify the Town of Bruceton Utilities **in writing** to Bruceton Utilities, 209 Cheatham Street, Bruceton, TN 38317 that I (we) wish to revoke this authorization. I (we) understand that the Town of Bruceton Utilities requires at least 10 days prior notice in order to cancel this authorization.

Customer/Account Holder Signature

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Attach Voided Check Here