

## ACH Authorization for Direct Payments (ACH Debits)

### Cross Anchor Utility District

Customer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Account Number: \_\_\_\_\_

I, (we) authorize Cross Anchor Utility District to electronically initiate debit entries to my (our) account indicated at 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 provisions of US Law.

**Financial Institution Name** \_\_\_\_\_

**Checking Account** ☐

**Savings Account** ☐

**Routing Number** \_\_\_\_\_ **Account Number** \_\_\_\_\_

☐ **Billed amount (I understand I will receive a bill 10 calendar days before the payment is due)**

**Date** \_\_\_\_\_ **1<sup>st</sup> Day of the Month.** **Signature** \_\_\_\_\_

This authorization is to remain in full force and effect until I (we) notify Cross Anchor Utility District at 800 W Andrew Johnson Highway, that I (we) wish to revoke this authorization. I (we) understand that Cross Anchor Utility District requires at least 7 days prior notice in order to cancel this authorization.

**Attach Voided Check Here**