



City of Erin

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AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

COMPANY NAME _____

I (we) hereby authorize, _____ hereinafter called COMPANY, to initiate debit entries to my (our) _____ Checking or _____ Savings Account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same such account. I (we) acknowledge that the origination of ACH transaction to (our) account must comply with the provisions of the U.S. law.

DEPOSITORY NAME _____

TRANSIT/ABA NO. _____

ACCOUNT NUMBER _____

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

NAME(S) _____

UTILITY ACCOUNT NUMBER _____

DATE _____ SIGNED _____

SIGNED _____