



Fall Creek Falls Utility District



27364 SR 30
Pikeville, TN 37367

Phone: (423)881-5065 Fax: (423)881-5951

Email: fcfud@bledsoe.net

AUTHORIZATION TO PAY WATER BILL

Account Number: _____

Date to Begin Draft: _____

Service Address: _____ Phone: _____

Name of Account Holder: _____

Name of Bank Account Holder: _____

Address on bank account holder: _____

Financial Institution (Bank Name): _____

Type of Account: Checking Savings

Bank Routing Number: _____

Bank Account Number: _____

Bank Drafts will be processed at the bank and funds will be withdrawn from customer bank account on the 15th of each month, In the event the 15th falls on a weekend or holiday the draft will process on the last business day before the 15th.

Bank Drafts cannot be stopped or changed after the 10th of the month!!!!!!

I hereby authorize Fall Creek Falls Utility District to initiate monthly debits, beginning on the date above and continuing each month thereafter, (until such time as I revoke this authorization in writing to the utility) for payment of my water utility bill and for the financial institution specified by me to pay the amount from my checking or savings account. I understand that Fall Creek Falls Utility or my Bank reserves the right to terminate this payment plan or my participation therein. I (we) acknowledge that the origination of the ACH transactions to my (our) account must comply with the provisions of US Law.

Date: _____ Signature: _____

Please attach a voided check to this form or be sure all account and routing info is correct!