AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT*

Holly Springs Utility Department

(EFT, ACH, DRAFT)

Check appropriate box:

☐ I (we) hereby authorize Holly Springs Utility Department to initiate debit entries to my (our) ( ) checking ( ) savings account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account.*

☐ I (we) hereby request that Holly Springs Utility Department **discontinue** debit entries to my (our) ( ) checking ( ) savings account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY.

Financial Institution Name:_____

Branch:_____

City:_____State:_____ZIP:_____

Nine Digit Routing Number:_____

Account Number:_____

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

Name on Utility Bill:_____

Utility Bill Account Number:_____

Utility Bill Account Number:_____

Utility Bill Account Number:_____

Authorized Signature:_____ Date:_____

Authorized Signature:_____ Date:_____

NOTE: All written debit authorization must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

***PLEASE ATTACH A VOIDED CHECK TO INSURE PROPER DEBITING OF YOUR ACCOUNT**