

**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS/ACH DEBITS)**



I (we) hereby authorize City of Sevierville, hereinafter called COMPANY, to electronically credit/debit my (our) account (and, if necessary, electronically debit/ credit my (our) account to correct erroneous debits/ credits) as follows:

Financial Institution \_\_\_\_\_

Financial Institution's Address \_\_\_\_\_

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

Type of Account: \_\_\_\_\_ Checking \_\_\_\_\_ Savings

Amount of debit(s)/ credit(s) or method of determining amount of debit(s)/ credit(s) [or specify range of acceptable dollar amounts authorized]: \_\_\_\_\_

Starting Date(s) \_\_\_\_\_ frequency of debit(s)/ credit(s) \_\_\_\_\_

If the debit is recurring and the date of the debit falls on a non-banking day, the debit will hit your account on the next banking day and will not hit your account prior to the authorized date.

For varying amounts the company must send, based on the NACHA Operating Rules, written notification of the amount and the date on or after which the transfer will be debited at least ten calendar days in advance of the debit. If the date varies, the Rules state that the Originator must send the Receiver notification of new date at least seven calendar days in advance of the debit.

I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. This authorization is to remain in full force and effect until I (we) notify the COMPANY in writing at \_\_\_\_\_ that I (we) wish to revoke the authorization.

COMPANY must receive your request no less than three business days prior to the scheduled payment as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it. Once completed please provide a copy of the authorization to the receiver.

Name(s) \_\_\_\_\_ Date \_\_\_\_\_  
(Please Print)

Signature \_\_\_\_\_ Signature \_\_\_\_\_

PLEASE ATTACH A VOIDED CHECK