



Town of Chapel Hill
4650 Unionville Highway
PO Box 157
Chapel Hill, TN 37034
Phone: 931-364-7632

AUTHORIZATION FOR DIRECT PAYMENTS (ACH DEBITS)
TOWN OF CHAPEL HILL WATER DEPARTMENT

CUSTOMER NAME: _____

SERVICE ADDRESS: _____

ACCOUNT NUMBER: _____

I (we) hereby authorize Town of Chapel Hill to electronically initiate debit entries to my (our) account indicated at the depository financial institution named below, and, if necessary, electronically credit my (our) account to correct erroneous debits. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

FINANCIAL INSTITUTION: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

ROUTING NUMBER: _____ **ACCOUNT NUMBER:** _____

Checking Account / Savings Account (select one)

This authorization is to remain in full force and effect until I (we) notify Town of Chapel Hill that I (we) wish to revoke this authorization. I (we) understand that Town of Chapel Hill requires termination notice in order to cancel this authorization.

Name(s): _____

Signature: _____ **Signature:** _____

Date: _____