



P.O. Box 1196 ~ Columbia, TN 38402  
(P) 931-381-8900 ~ (F) 931-381-8288

**DEBIT AUTHORIZATION**

I (we) hereby authorize Maury County Water System hereinafter called COMPANY, to initiate electronic debit entries to my (our) account indicated below at the financial institution named below, hereinafter called FINANCIAL INSTITUTION. I (we) acknowledge that ACH transactions I (we) authorize must comply with all applicable law.

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

\_\_\_\_\_  
\*Routing Number

\_\_\_\_\_  
\*Account Number

\_\_\_\_\_  
\*MCWS Account Name

\_\_\_\_\_  
\*MCWS Service Address

Amount of debit(s) or method of determining amount of debit(s): MONTHLY BILL

\*Type of Account:            Checking            Savings

Frequency (Weekly, Monthly etc.): MONTHLY Start Date (if recurring):                   

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.

This authorization is to remain in full force and effect until I (we) notify COMPANY in writing that I (we) wish to terminate this authorization in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it. I understand that in the event my (our) monthly amount drafted is returned, a \$20.00 fee will be assessed, in addition to the monthly payment due.

\_\_\_\_\_  
\*Print or Type Individual Name

\_\_\_\_\_  
\*Phone

\_\_\_\_\_  
\*Signature

\_\_\_\_\_  
\*Date

**Please attach a copy of a voided check with this form.**

-----  
FOR OFFICE USE ONLY

\_\_\_\_\_  
*Account Number*

\_\_\_\_\_  
*Location Number*

\_\_\_\_\_  
*Date Completed*

\_\_\_\_\_  
*Employee Initials*